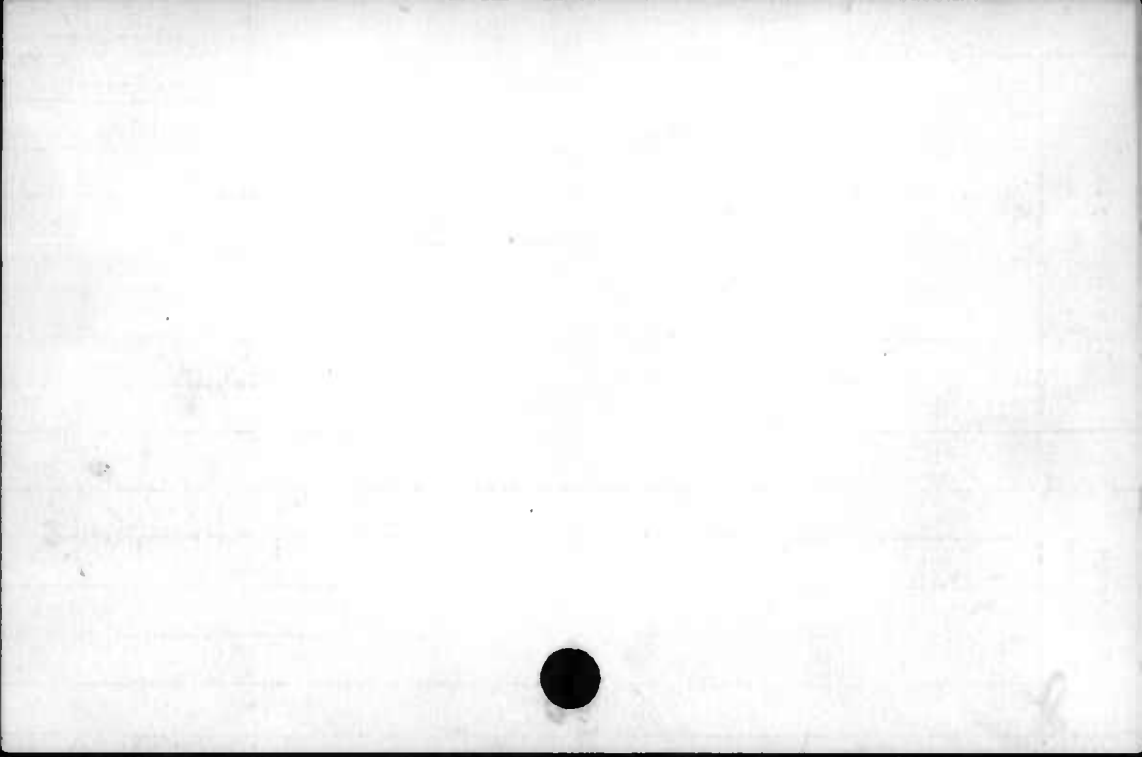


Name in Full		MAY 1906						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cambridge</i>			County <i>Allegheny</i>			MARYLAND			
	Date of death	1906	Month <i>Oct.</i>	Day <i>30</i>	Age	Years <i>83</i>	Months <i>-</i>	Days <i>-</i>		
	Sex <i>Female</i>	Color or Race <i>White</i>			Birth-place <i>Germany</i>					
	Occupation				Where Residing if not at place of death					
	Married, Single or Widowed <i>Widow</i>			Name of Wife or Husband <i>-</i>						
	Father's Name <i>-</i>				Father's Birthplace					
	Mother's Maiden Name <i>-</i>				Mother's Birthplace					
Name of person giving information <i>Henry Heller.</i>				How related to deceased <i>Son in Law.</i>						
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary <i>Carcinoma of Stomach</i>				How long <i>40</i> months					
	Immediate <i>(Incontinence) Exhaustion</i>				How long <i>weeks.</i>					
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>Dr. Sachseman</i>					
					Address <i>Cambridge, Mass.</i>					
<i>LOUIS STEIN.</i>										
Accident or Suicide?										



Name
in
Full

CERTIFICATE OF DEATH

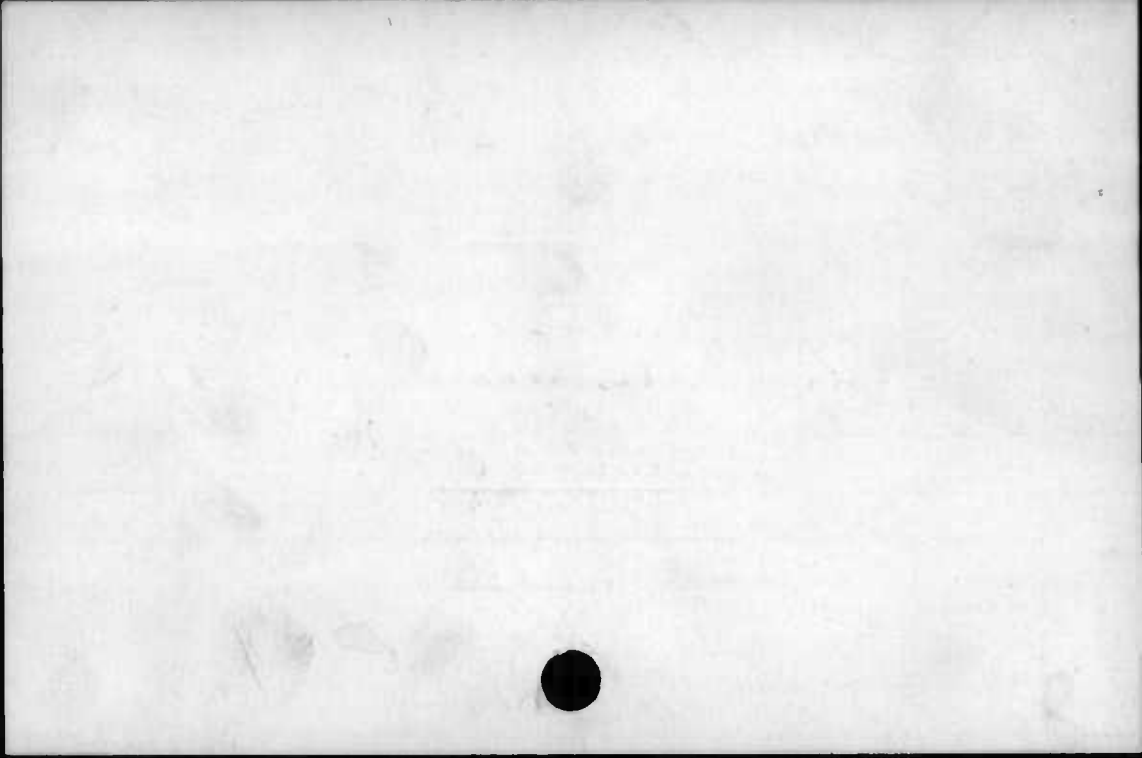
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>May Bell Benson</i>		Town <i>Br</i>		County <i>Allegheny</i>		MARYLAND					
Died at		Month <i>Oct</i>		Day <i>13</i>		Age <i>2</i>		Months <i>5</i>		Days	
Date of death <i>1906</i>											
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place							
Occupation				Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband							
Father's Name <i>George Benson</i>				Father's Birthplace <i>Ind</i>							
Mother's Maiden Name <i>Lillie Petermann</i>				Mother's Birthplace <i>Ind</i>							
Name of person giving In formation				How related to deceased							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Meningitis</i>		How long <i>3 weeks</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>G. G. Broadbent</i>	
		Address <i>Cornfield</i>	
Accident or Suicide? <i>2</i>		<i>Ind</i>	



Name
In
Full

Mary W. Bier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Rawlings

County Allega

MARYLAND

Date
of death 1906

Month Oct

Day 13

Age 94

Months 3

Days -

Sex

female

Color or
Race

white-

Birth-
place

Pittsburg Pa

Occupation

Hw

Where Residing if not
at place of death -Married, Single
or Widowed

widow

Name of Wife or
Husband

Jacob E. Bier -

Father's
Name

Joseph Welsh

Father's
Birthplace

-

Mother's
Maiden Name

Mary Whiteside

Mother's
Birthplace

-

Name of person giving
In formation

Mrs Staque

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Dysentery

How long

4 weeks

Immediate

Exhaustion

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W H Brauer

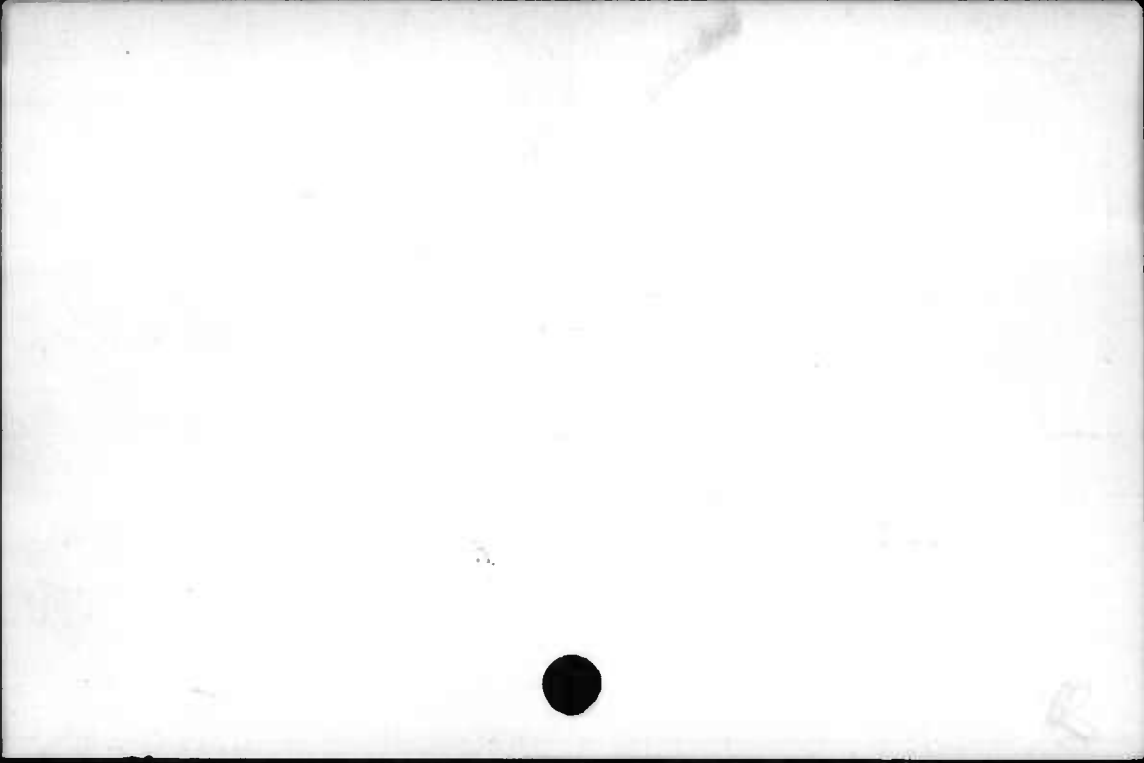
Address

Pittsburg

Accident or Suicide?

no

PHYSICIAN
OR CORONER



Name
in
Full

Sammual Henry Binix

CERTIFICATE OF DEATH

Died at

Narrows Park

Town

County

MARYLAND

Date

of death 1906

Month

Oct

Day

16

Years

Age 18

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Cannworker

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Sammual Binix

Father's
Birthplace

Md

Mother's
Maiden Name

Gillian Downey

Mother's
Birthplace

Md

Name of person giving
Information

Sammual Binix

How related
to deceased

Father

CAUSES OF DEATH

Primary

Tuberculosis



How long

11 months

Immediate

Pneumonia

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

E. D. Harris

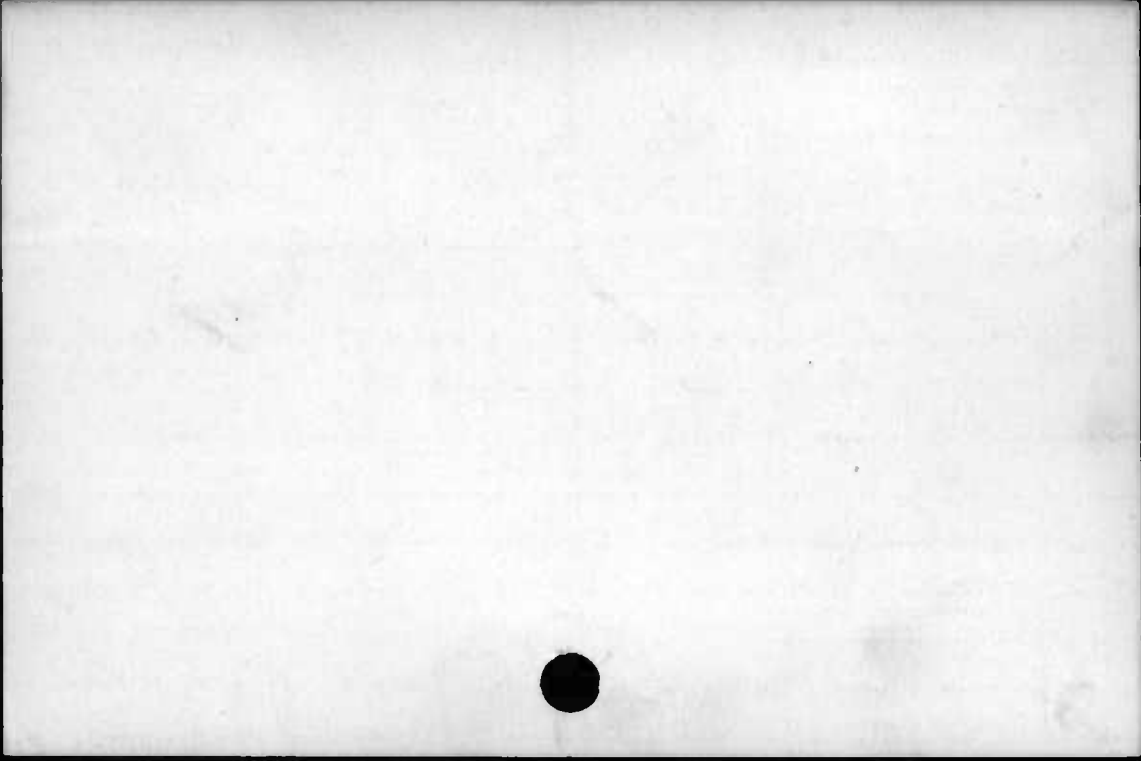
Address

Cumberland
Harris

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

J. Stern



Name
in
Full

William Boyes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Lord Town

County Allegany

Date of death 1906 Oct

Day 12

Age 58

Months 5

Days 10

Sex Male

Color or Race

White

Birthplace

Yorkshire-England

Occupation 1 one time miner
now FarmerWhere Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Eliza Price

Father's
Name

John Boyes

Father's
Birthplace

England

Mother's
Maiden Name

Elizabeth Hairweather

Mother's
Birthplace

England

Name of person giving
Information

Mrs Wm Boyes

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Chronic Bronchitis, with Lymphoma

How long

Several years -

Immediate

Exhaustion - Heart failure

How long

One week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

James A. Bullock M.D.

Address

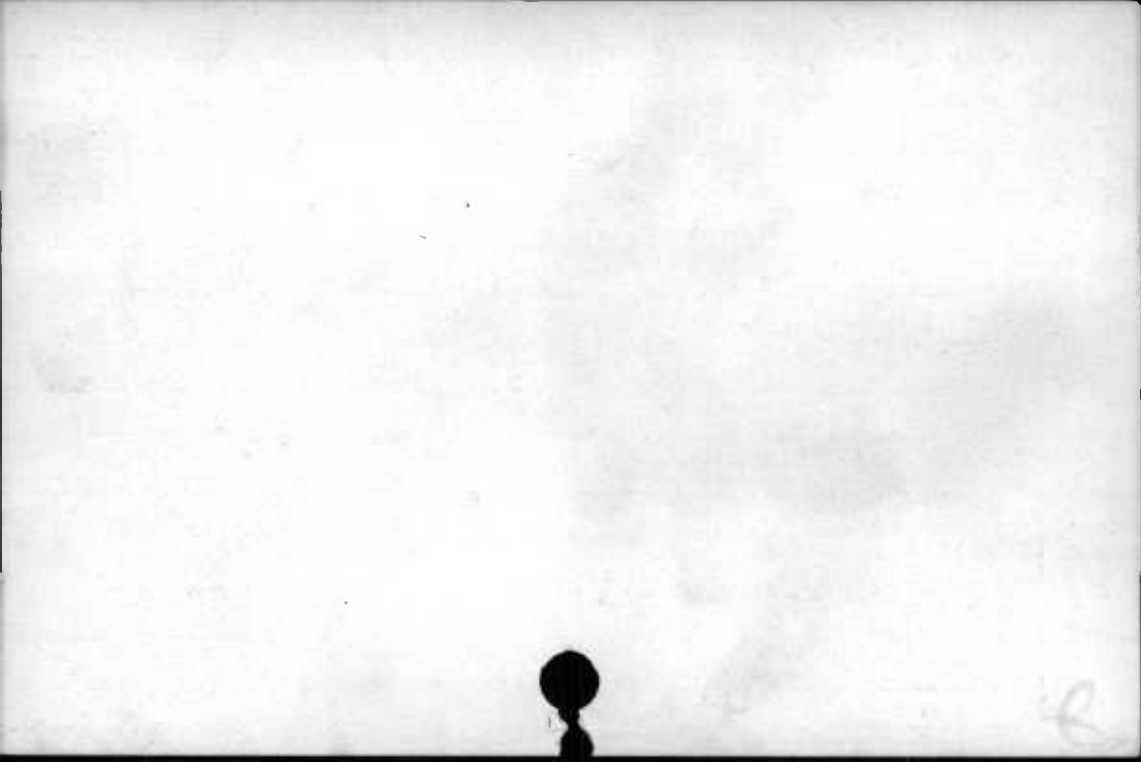
Lona coming

Maryland

Accident or Suicide?

no

PHYSICIAN
OR CORONER



Name
in
Full

Bernadette Broderick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Midland</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
Date of death 190 <u>6</u>	Month <u>October</u>	Day <u>7</u>	Age <u>6</u>	Years <u>6</u>	Months <u> </u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth- place <u>Midland, Md.</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>School-child</u>			
Name of Wife or Husband <u> </u>					
Father's Name <u>Wm Broderick</u>			Father's Birthplace <u>Allegany Co.</u>		
Mother's Maiden Name <u>Isabell Thompson</u>			Mother's Birthplace <u>Allegany Co.</u>		
Name of person giving in formation <u>Wm Broderick</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diphtheria</u>	How long <u>5 days</u>
Immediate <u>Diphtheria</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>F. P. O'Neil</u>
Accident or Suicide? <u>No</u>	Address <u>Midland, Md.</u>

5072

Callahan County -

Wichita

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Edward Brooks

Died at *Cumtland* Town

Alle County

MARYLAND

Date of death *1906* Month *12* Day *2*

Age *48* Years

Months

Days

Sex *Male*

Color or Race

White

Birthplace

Ma

Occupation

Laborer

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Bettie Brooks

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

Bettie Brooks

How related to deceased

wife

CAUSES OF DEATH

Primary

Tuberculosis of lungs

How long

6 months

Immediate

Hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. J. Sparks

Address

Cumtland Ma

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Charles M. Brotemerle		Town near Carroll.		County Allegheny		State MARYLAND	
Died at near Carroll.		Date of death 1906		Month Oct.		Day 31	
Age 28		Years 28		Months 9		Days 	
Sex Male		Color or Race White		Birthplace Allegheny Co.			
Occupation Lumber man.		Where Residing if not at place of death -					
Married, Single or Widowed Single		Name of Wife Husband -					
Father's Name Michael Brotemerle		Father's Birthplace Ind.					
Mother's Maiden Name Louisa Simmons		Mother's Birthplace Bedford Pa.					
Name of person giving information Ellsworth Brotemerle		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever.	How long 10 ds.
Immediate Hemorrhage	How long
Are the name, age, sex, color, date and place correctly given above? LOUIS STEIN.	Signature of Physician Dr. Thos. Korn
Address Carroll.	Ma.
Accident or Suicide? 	

14.

9

8

10



Name
in
Full

Thomas W. Cage

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtunda</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death	1906	Month	Oct	Day	22
Age		Years	14	Months	
Sex	Male	Color or Race	White	Birth-place	Cumtunda
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Clinton E. Cage.</i>		Father's Birthplace	
Mother's Maiden Name		<i>Clennia Dunn</i>		Mother's Birthplace	
Name of person giving information		<i>W. A. Bruthly</i>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>3 1/2</i>
Immediate	<i>Convulsions</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. E. Hark</i>	
		Address	
		<i>S. Cumtunda</i>	
Accident or Suicide?			

LONG STAY!

Sandy Hook N. B. Ma.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Oct	16		7	9	2
Sex		Color or Race		Birthplace			
Mr.		W.		Edkhardt			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
John Canan				Virginia			
Mother's Maiden Name				Mother's Birthplace			
Ellen Feldman				Edkhardt			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentery	How long	About 3 weeks
Immediate	Toxemia + exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. C. Coker	
		Address	
		Firthburg, Mo.	
Accident or Suicide?			
No			

John
Cath

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *William S. Christy*

Died at *Luke* Town *Alligany* County *MARYLAND*

Date of death *1906* Month *10* Day *7* Age *5-4* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Penn*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Robert Christy* Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information *A. H. Christy* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

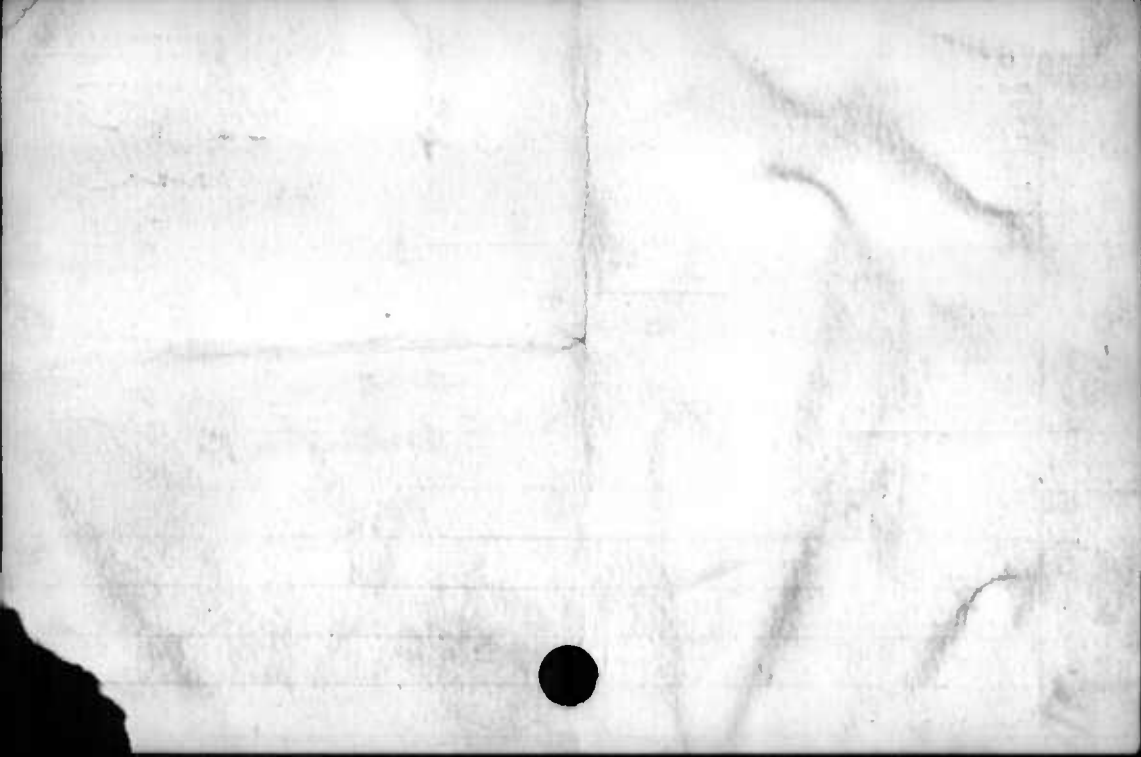
Primary *Scalded by W. Pulp & Paper Co* How long _____

Immediate *Shock* How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Dr. W. H. Campbell*

Address *Piedmont*

Accident or Suicide? *J*



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George J. Spurgeon Chase* County *Alleghany* Maryland

Died at *Fredericktown*

Date of death 190 *6* Month *October* Day *2* Age *31* Years *5* Months *20* Days

Sex *Male* Color or Race *White* Birth-place *Richart*

Married, Single or Widowed *Married* Occupation *Miner*

Name of Wife or Husband *Jane Anne Chase*

Father's Name *Abner Chase* Father's Birthplace *Ohio*

Mother's Maiden Name *Mary Elizabeth* Mother's Birthplace *Scotland*

Name of person giving information *Spurgeon Chase* How related to deceased *Brother in law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *3 years*

Immediate *Heart failure* How long *One week*

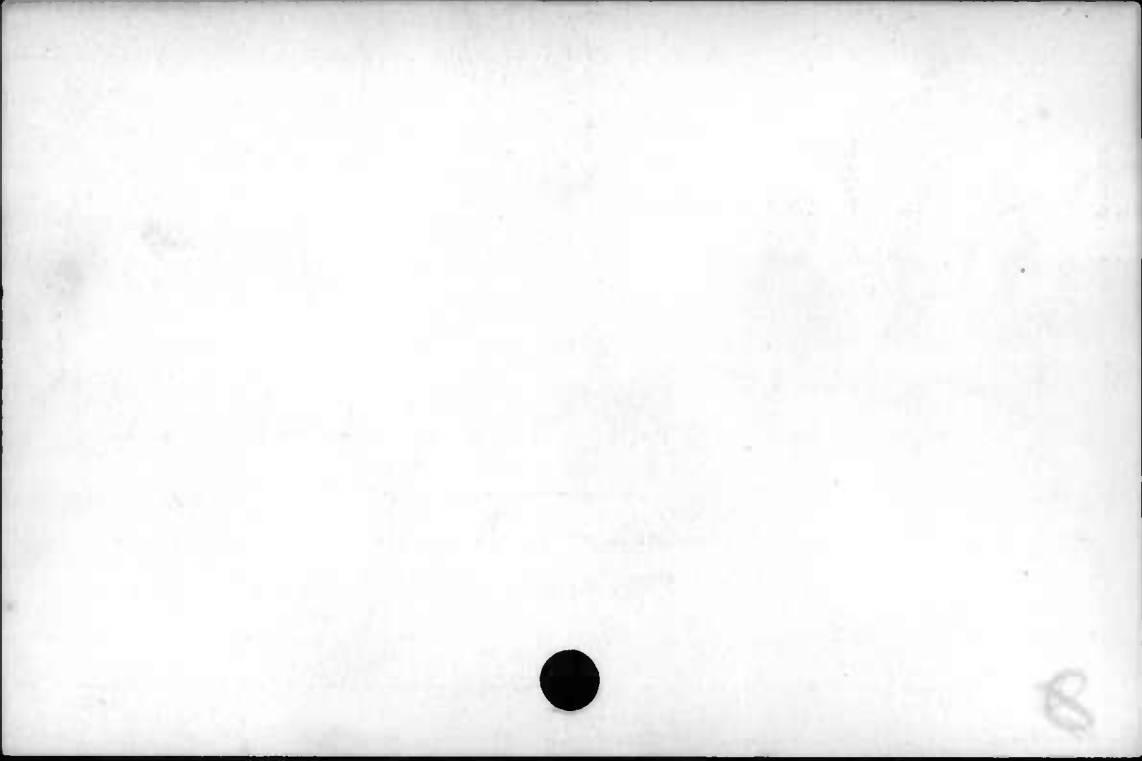
Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

John A. Wainwright
Fredericktown

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

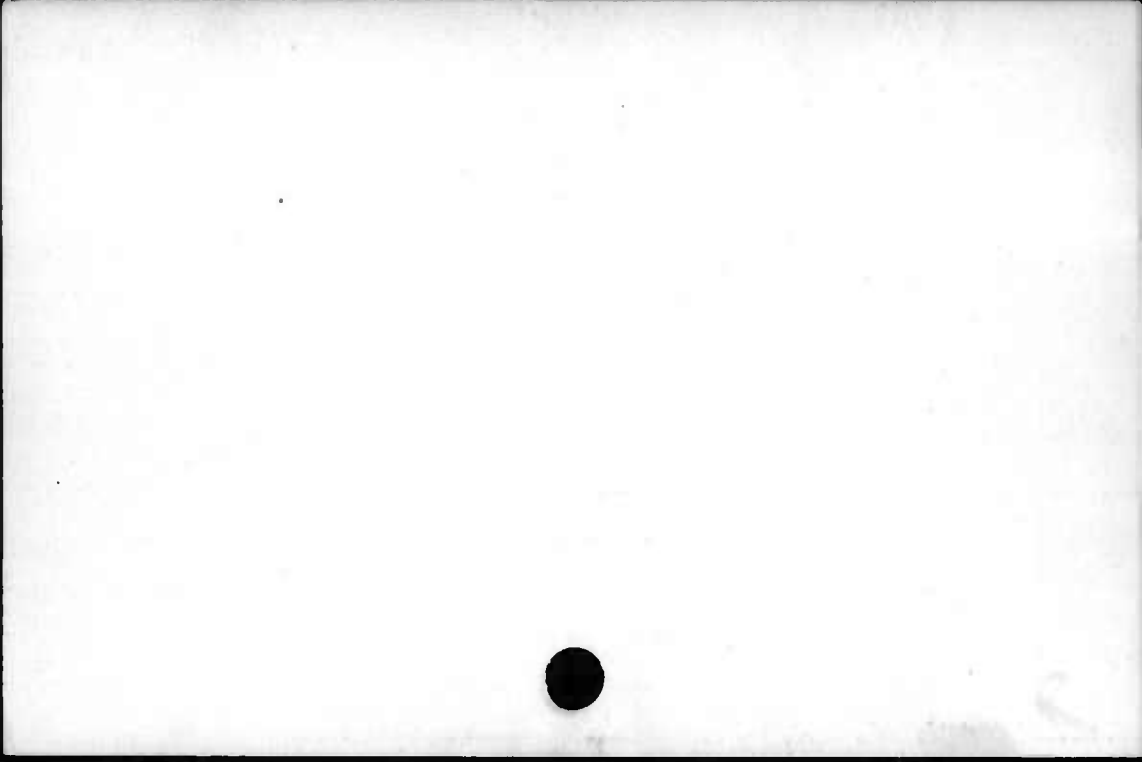
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Oct	27	1		11	12
Sex	Male	Color or Race	White	Birth-place	Cumberland		
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		W. S. Crawford				Father's Birthplace	
Mother's Maiden Name		Lillie Glick				Mother's Birthplace	
Name of person giving information		Mother				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malaria & Typhoid Fever	How long	probably 2 mo.
Immediate	Exhaustion & Anemia	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	G. L. Broadus
		Address	Cumberland
Accident or Suicide?	No		90 N. Van



Name

in
Full

CERTIFICATE OF DEATH

George Drattinbaugh

Town

County

MARYLAND

Died at

Westernport Md

Allegany

Date

of death 1906

Month

October

Day

4th

Age

Years

X

Months

X

Days

X

Sex

White

Color or
Race

X

Birth-
place

Occupation

Miner

Where Residing if not
at place of death

Pekin Md

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

X

Father's
Birthplace

X

Mother's
Maiden Name

X

Mother's
Birthplace

X

Name of person giving
In formation

J Hoban

How related
to deceased

none

CAUSES OF DEATH

Primary

accidental drowning

How long

172

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

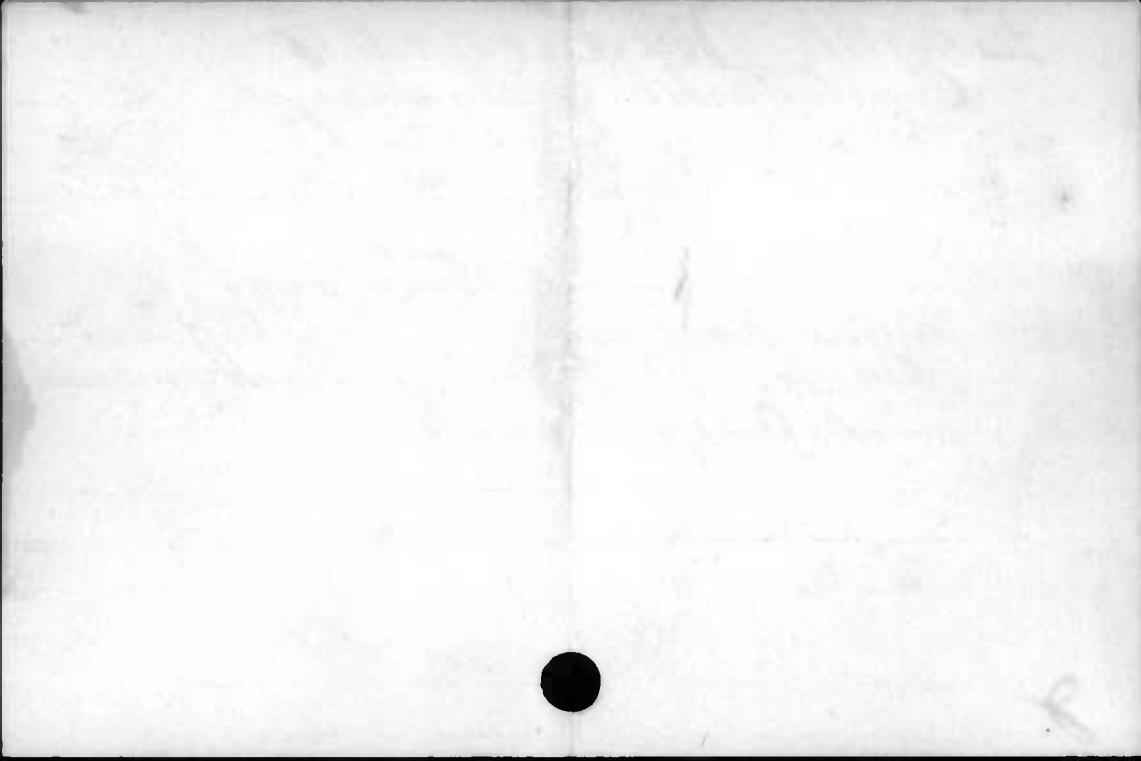
Address

G H. Martz Coroner
Burrilland Md

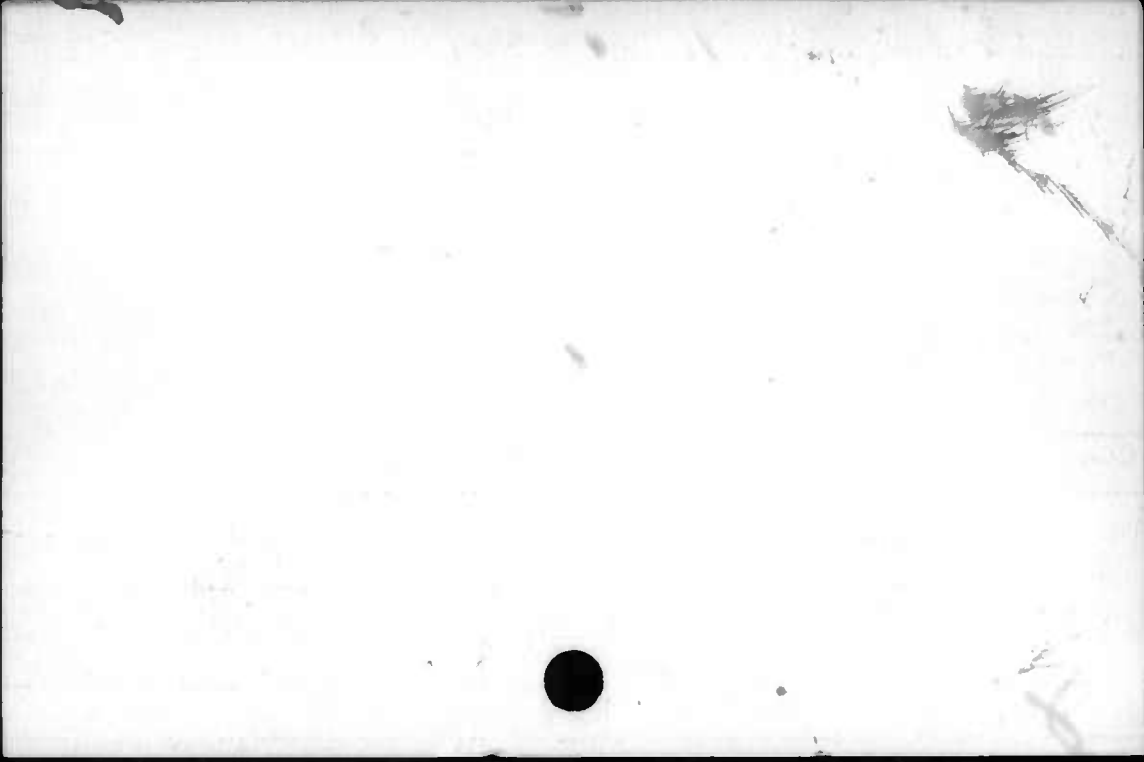
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

J



Name in Full		Certificate of Death			
Emma Diefenbaugh		Town		County	
Died at Cumberland Allegany		MARYLAND			
Date of death	1906	Month	10	Day	5
Age	22	Years		Months	
Sex	Female	Color or Race	White	Birthplace	Oldtown
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband R.O. Diefenbaugh				
Father's Name	James Kennedy	Father's Birthplace	Oldtown		
Mother's Maiden Name	Cornie Mertz	Mother's Birthplace	Hyndman		
Name of person giving information	R.O. Diefenbaugh	How related to deceased			
CAUSES OF DEATH					
Primary	Tuberculosis in Pulmonary			How long	
Immediate	Exhaustion			How long	2 months
Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	J.B. McDonald
				Address	Cumberland Md
Accident or Suicide?	No				



Name

in
Full

CERTIFICATE OF DEATH

Joseph England

Town

County

MARYLAND

Died at

Crumm

Date

of death 1906

Month

Oct.

Day

8.

Age

Years

2

Months

1

Days

11

Sex

Male

Color or
Race

White

Birth-
place

Crumm

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

C.F. England

Father's
Birthplace

Pa

Mother's
Maiden Name

Sarah B Whalley

Mother's
Birthplace

Crumm

Name of person giving
In formation

C.F. England

How related
to deceased

Father

CAUSES OF DEATH

Primary

Scarlet fever

How long

3 days

Immediate

Brain fever

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. G. Barksdall

Crumm

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

9 D. P. France St.

Name
in
Full

Emma Gertrude Fochtman

CERTIFICATE OF DEATH

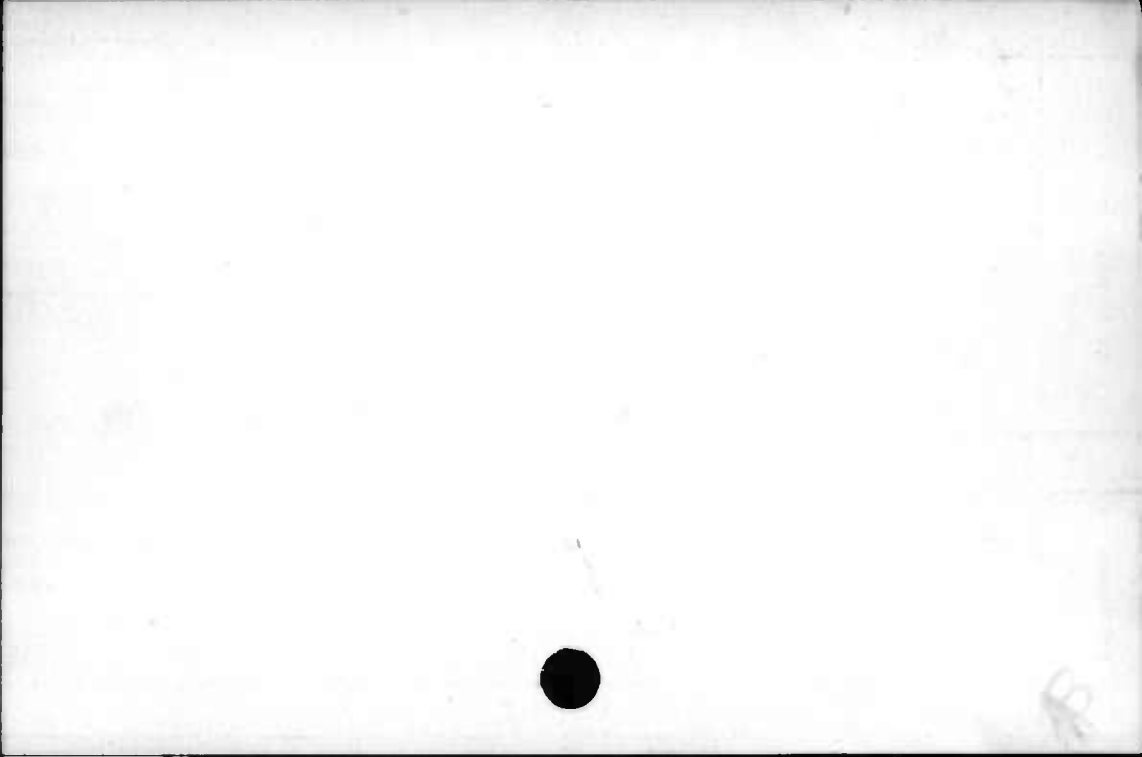
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>			County <i>Allegany</i>			MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>20</i>	Age <i>18</i>	Years <i>-</i>	Months <i>-</i>	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Cumberland</i>			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Henry Smith Fochtman</i>				Father's Birthplace <i>Sep Father Connor</i>			
Mother's Maiden Name <i>Annie Fox</i>				Mother's Birthplace <i>Va</i>			
Name of person giving information <i>Mrs. Annie Smith</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>31 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. F. W. Fochtman</i>
<i>LOUIS STERN</i>	Address <i>Cumberland Md.</i>
Accident or Suicide?	



Name
in
Full

Henry Fontan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

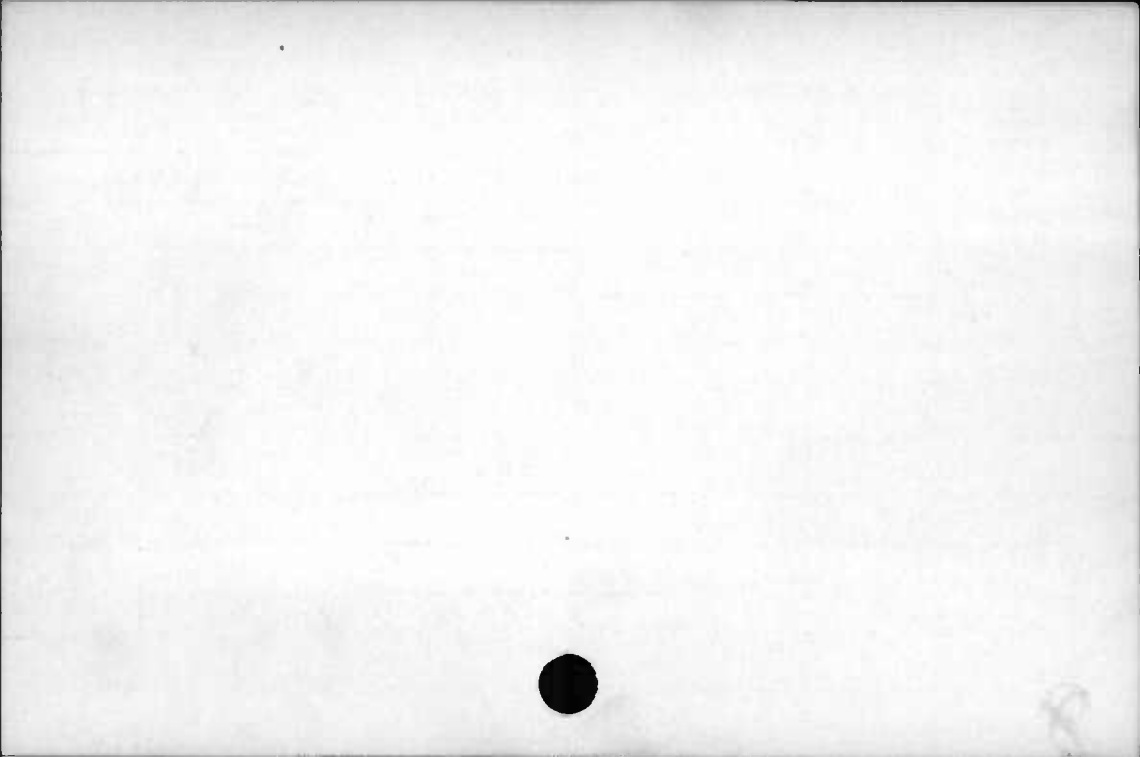
Died at <i>Cumt-a</i>		Town		County <i>accogay</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>07</i>	Day <i>13</i>	Age <i>24</i>	Years	Months	Days	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>New Orleans La.</i>			
Occupation <i>Bar Tender</i>		Where Residing if not at place of death <i>New Orleans.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Dean.</i>				Father's Birthplace			
Mother's Maiden Name <i>Mary Lacombe.</i>				Mother's Birthplace <i>France.</i>			
Name of person giving information <i>Louis Fontan</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Kild by bears, accident-</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>J. H. Maitz, Coroner</i>
		Address <i>Cumt-a</i>
Accident or Suicide? <i>LOUIS STEIN.</i>		



Name
in
Full

Celia Mary Frank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Morantown</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1906	Month <i>Oct.</i>	Day <i>5-</i>	Age	Years <i>1</i>	Months <i>8</i>	Days <i>17</i>
Sex	<i>Female</i>		Color or Race	<i>Italian</i>		Birth-place	<i>Burton</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				<i>Peter Frank.</i>		Father's Birthplace	
Mother's Maiden Name				<i>Romana Francescotti</i>		Mother's Birthplace	
Name of person giving information				<i>Peter Frank.</i>		How related to deceased	
						<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Scald</i>	How long	<i>15-</i>
Immediate	<i>Shock</i>	How long	<i>5-</i>
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		<i>Newton J. Parr</i>	
Address		<i>Int. Savoy</i>	
Accident or Suicide?		<i>yes</i>	



8

Name
in
Full

CERTIFICATE OF DEATH

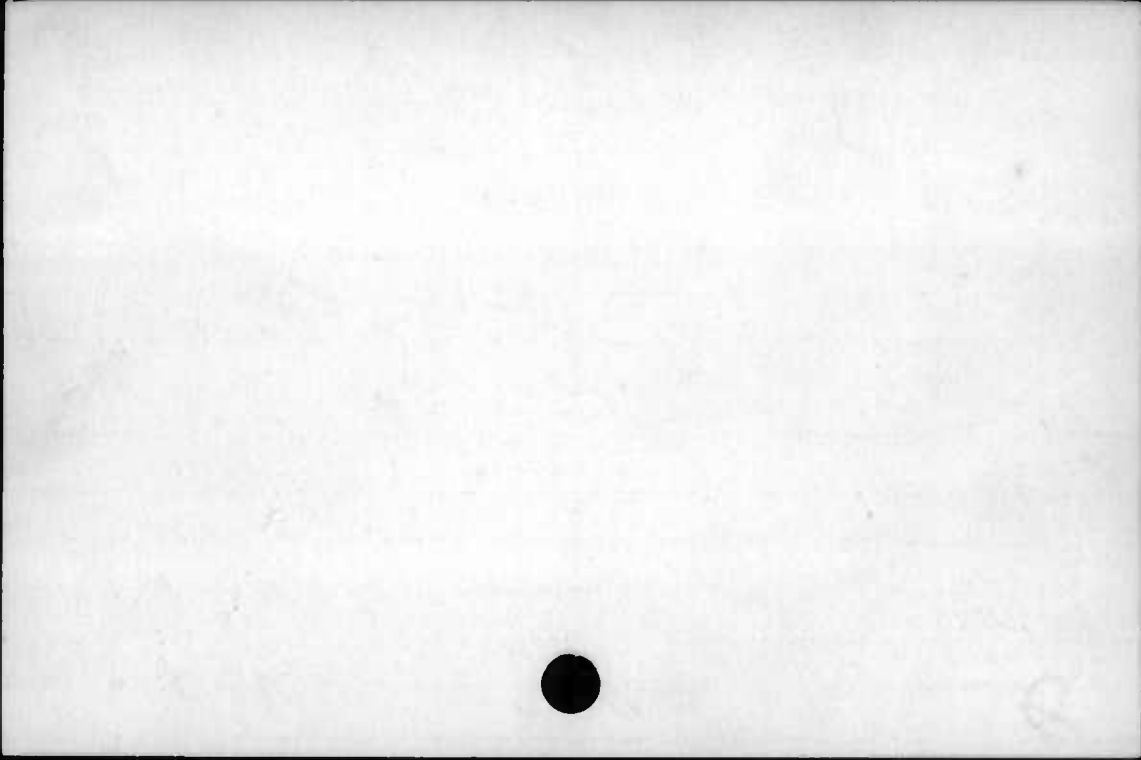
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>J. E. Goodman</i>		Town <i>Cumberland</i>		County <i>allergany</i>		MARYLAND	
Died at <i>Cumberland</i>		Month <i>Oct</i>		Day <i>2</i>		Years <i>21</i>	
Date of death <i>1906</i>		Month <i>Oct</i>		Day <i>2</i>		Years <i>21</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place			
Occupation				Where Residing If not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Six months</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. R. Hodges</i>
	Address <i>Cumberland</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Frostburg

County

Allegheny

MARYLAND

Date

of death 1906

Month

10

Day

17

Age

Years

Months

Days

Sex

M

Color or
Race

M

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John E. Grindle

Father's
Birthplace

Md

Mother's
Maiden Name

Mahabina Tennant

Mother's
Birthplace

Md

Name of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

R. W. M. Lane

Frostburg Md

Accident or Suicide?

77 @
ally

Name
in
Full

CERTIFICATE OF DEATH

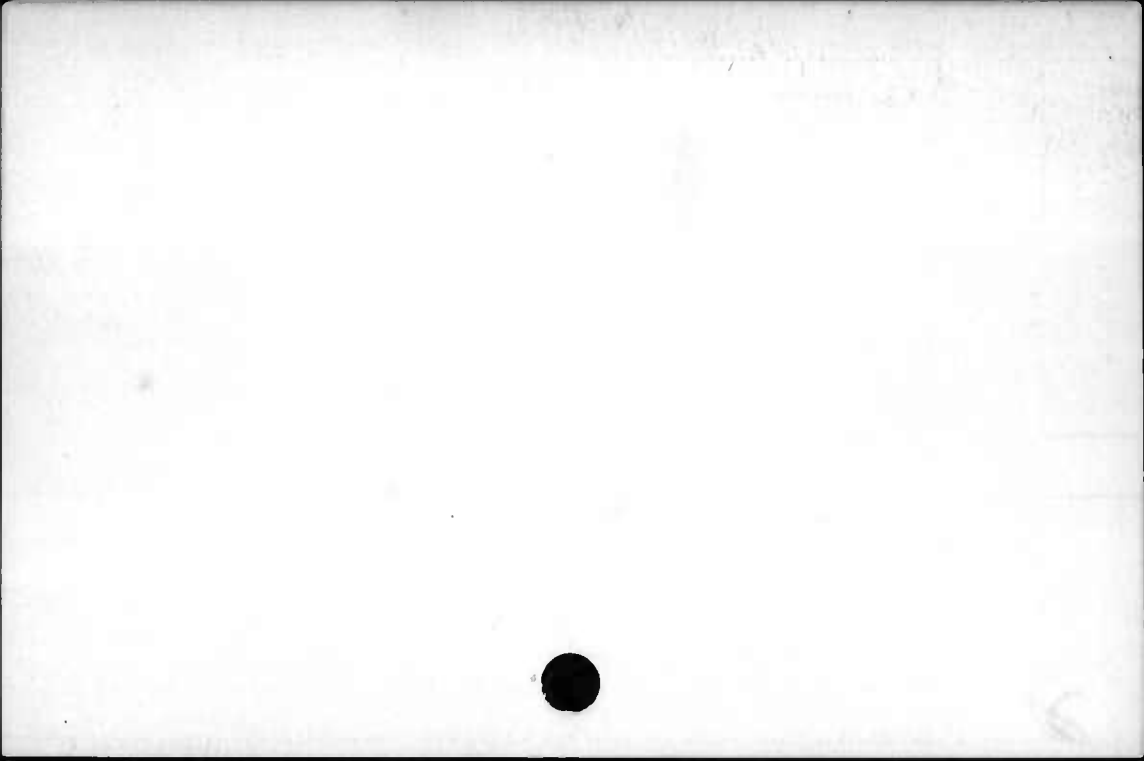
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Christina Fisher Hadley</i>		Town <i>Lonaconing</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>Lonaconing</i>		Date of death <i>1906 Oct 5</i>		Age <i>43</i>		Months <i>4</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Lonaconing</i>		Days <i>7</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Lonaconing</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo. Hadley</i>					
Father's Name <i>John Fisher</i>		Father's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>Mary Craig</i>		Mother's Birthplace <i>Scotland</i>					
Name of person giving information <i>Geo. Hadley</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

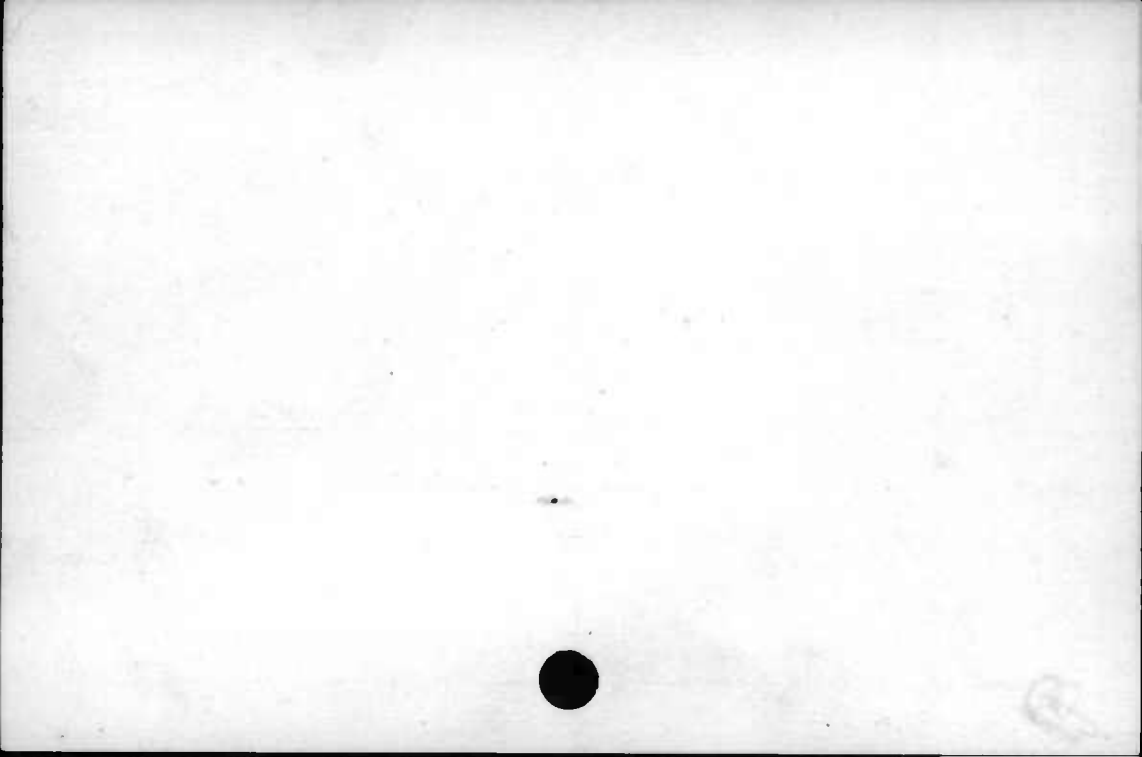
PHYSICIAN
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>3 years</i>
Immediate <i>Anemia</i>	How long <i>3 Chronic</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry S. Rodgers M.D.</i>
	Address <i>Lonaconing, Md.</i>
Accident or Suicide? <i>No</i>	



Name in Full		Adam Eaton Hitchins				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Froetting	County Allegheny		MARYLAND		
	Date of death	1906	Month 10	Day 5	Age 73	Years Months Days	15	
	Sex	Male		Color or Race	White		Birth- place	Wormantheshire South Wales
	Occupation	Coal operator			Where Residing if not at place of death		Home	
	Married, Single or Widowed	Married		Name of Wife or Husband	Martha Hitchins			
	Father's Name	John Hitchins				Father's Birthplace	South Wales	
	Mother's Maiden Name	Anns Eaton				Mother's Birthplace	South Wales	
Name of person giving In formation	Howard Hitchins				How related to deceased	Son		

CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	cardiac sclerosis		How long	2 or 3 years
	Immediate	cardiac Failure		How long	Instant
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Thomas H. H. H. H.
			Address	Froetting, Maryland	
Accident or Suicide?					



Name in Full		CERTIFICATE OF DEATH									
TO BE ANSWERED BY NEAREST FRIEND	Died at		County		MARYLAND						
	Town		Allegany								
	Date of death	1906	Month	10	Day	4	Age	Years	Months	Days	14
	Sex	male	Color or Race	white	Birth- place	Frostburg					
	Occupation	Where Residing if not at place of death									
	Married, Single or Widowed	single	Name of Wife or Husband	—							
	Father's Name	Geo Lucks	Father's Birthplace	Ind							
Mother's Maiden Name	Wm. Wenzel	Mother's Birthplace	Ind								
Name of person giving In formation	Geo. Lucks	How related to deceased	father								
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary	Insanition	How long	14 days							
	Immediate	4	How long	4							
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. M. Dwyer							
	Address	Frostburg Ind									
Accident or Suicide?											

G. M.
Alley

Name
in
Full

Elias Latzger

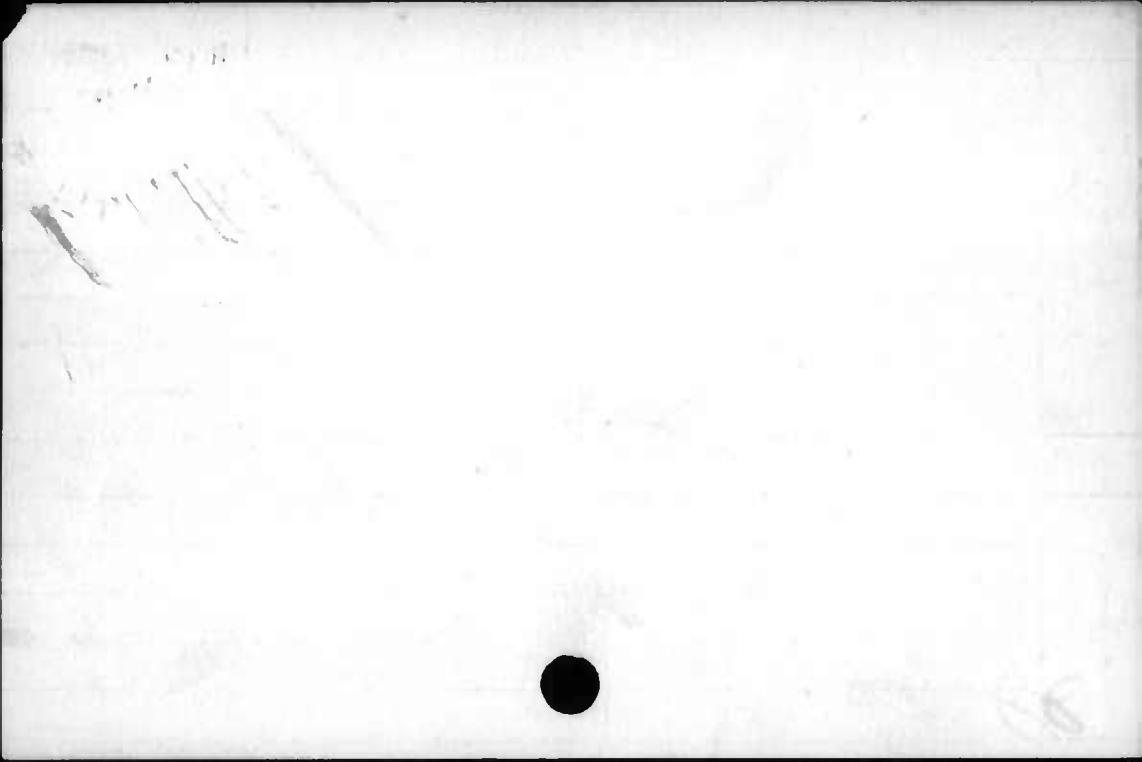
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Luke</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death	190 <u>6</u>	Month	<u>10</u>	Day	<u>25</u>
Age		<u>—</u>		Months	<u>5</u>
Days		<u>15</u>			
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>Infant</u>		Birth-place	<u>W. Va.</u>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<u>John Latzger</u>		
Father's Birthplace			<u>Hungary</u>		
Mother's Maiden Name			<u>Mary Latzger</u>		
Mother's Birthplace			<u>Hungary</u>		
Name of person giving information			<u>Joe Latzger</u>		
How related to deceased			<u>father</u>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Acute Indigestion</u>	How long	<u>2-3 days</u>
	Immediate	<u>Indigestion</u>	How long	<u>104</u>
	Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	
	Signature of Physician		<u>J. H. Kelbaugh</u>	
	Address		<u>Piedmont</u>	
Accident or Suicide?		<u>no</u>		



Name
in
Full

Bernetta F. Leichter (Fuller)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death	1906	Month	10	Day	23
Age	21	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Cumberland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Benjamin Fuller			Father's Birthplace	Sumner Co
Mother's Maiden Name	Annie Morris			Mother's Birthplace	" " "
Name of person giving information	Hans Leichter			How related to deceased	Niece

CAUSES OF DEATH

Primary *Tuberculosis* 27 How long *2 yrs*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Dr. Kudhe

Name
in
Full

Lehr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Frostburg</u> ^{Town}		<u>Allegany</u> ^{County}			
Date of death <u>1906</u>	Month <u>10</u>	Day <u>20</u>	Age <u>6</u> ^{Years}	Months	Days
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Ind</u>		
Occupation <u>—</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Chas. Lehr</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>W. Myers</u>			How related to deceased <u>substitution</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>slight pneumonia</u>	How long <u>10 days</u>
Immediate <u>Heart paralysis</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. M. Prier</u>
	Address <u>—</u>
Accident or Suicide? <u>—</u>	

Open

alley



Name
in
Full

Wm Howard - Child of Jos E. Logsdon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Eekbank		Town Eekbank		County Allen		MARYLAND	
Date of death	1906	Month 10	Day 22	Age	Years	Months	Days 20
Sex	Female		Color or Race	White		Birth- place	Eekbank Md
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Jos E. Logsdon				Father's Birthplace	Md	
Mother's Maiden Name	Sophie K. Wycharb				Mother's Birthplace	Md	
Name of person giving In formation	Jos E. Logsdon				How related to deceased	father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cryptosporidium	How long	1 day
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
	B. M. Cornwall		
	Eekbank Md		
Accident or Suicide?			

Spencer
P.ator

Name
in
Full

CERTIFICATE OF DEATH

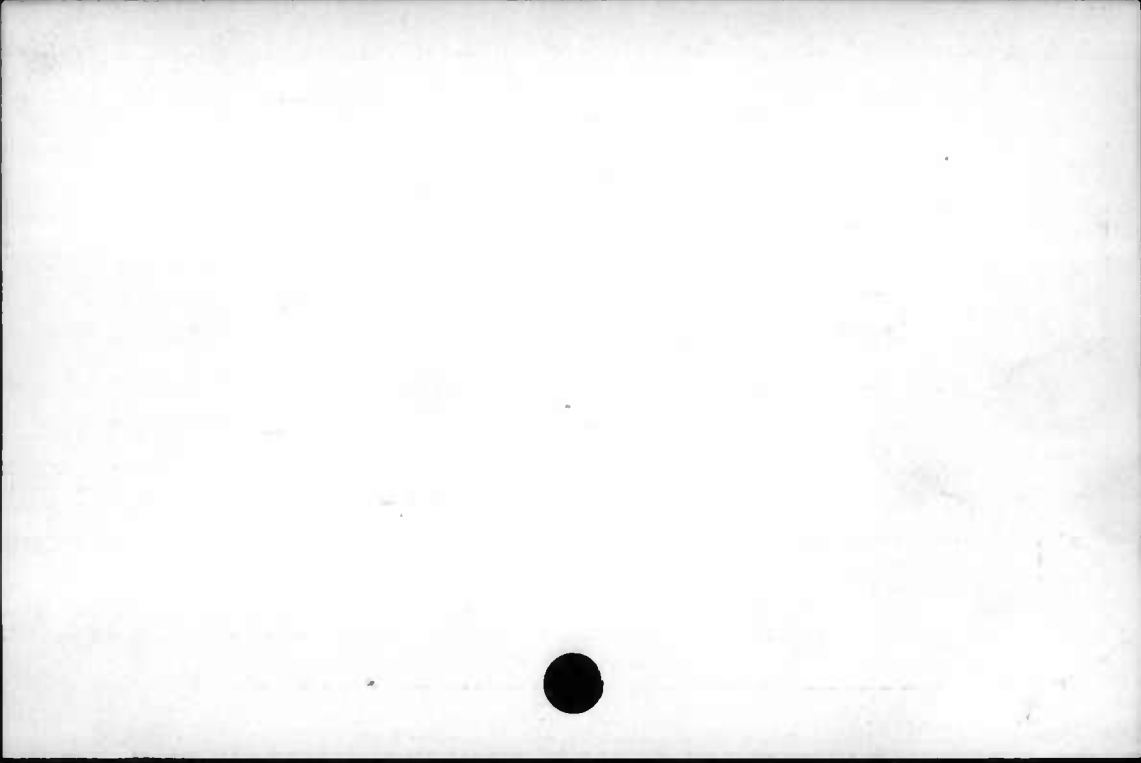
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barton</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 1906	<i>Oct</i> ^{Month}	<i>15</i> ^{Day}	Age <i>1</i> ^{Years}	Months	<i>1</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Barton Md</i>		
Married, Single or Widowed <i>✓</i>			Occupation <i>✓</i>		
Name of Wife or Husband <i>✓</i>					
Father's Name <i>James Logsdon</i>			Father's Birthplace <i>Allegh Co</i>		
Mother's Maiden Name <i>Ellen Kirk</i>			Mother's Birthplace <i>Allegh Co</i>		
Name of person giving information <i>✓</i>			How related to deceased <i>✓</i>		

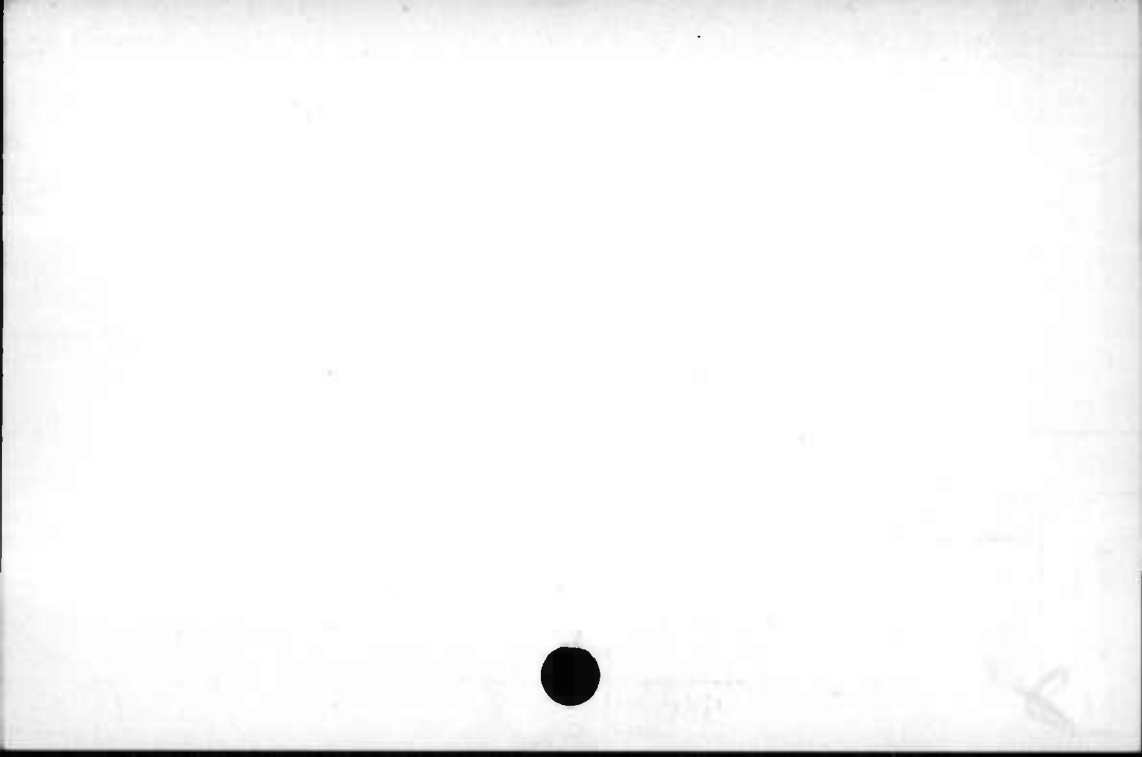
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Birth</i>	How long <i>✓</i>
Immediate <i>✓</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Boucher</i>
	Address <i>Barton</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
Elsie. O. Long		Town Crummell.		County Anne Arundel	
Died at		MAYLAND			
Date of death	1906	Month Oct.	Day 27	Age 28	Years Months Days
Sex	Female	Color or Race	White	Birthplace	W. Va.
Occupation	Wife		Where Residing if not at place of death		
Married, Single or Widowed	married		Name of Wife Husband J. S. Long		
Father's Name	H. S. Dean.		Father's Birthplace		
Mother's Maiden Name	Dean.		Mother's Birthplace		
Name of person giving information	John S. Long		How related to deceased Husband		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Consumption		How long	8 months
	Immediate	Exhaustion		How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes.		
	Signature of Physician		E. B. Claybrook M.D.		
Address		Crummell and Md			
Accident or Suicide?		WELS SIGN			



Name
in
Full

CERTIFICATE OF DEATH

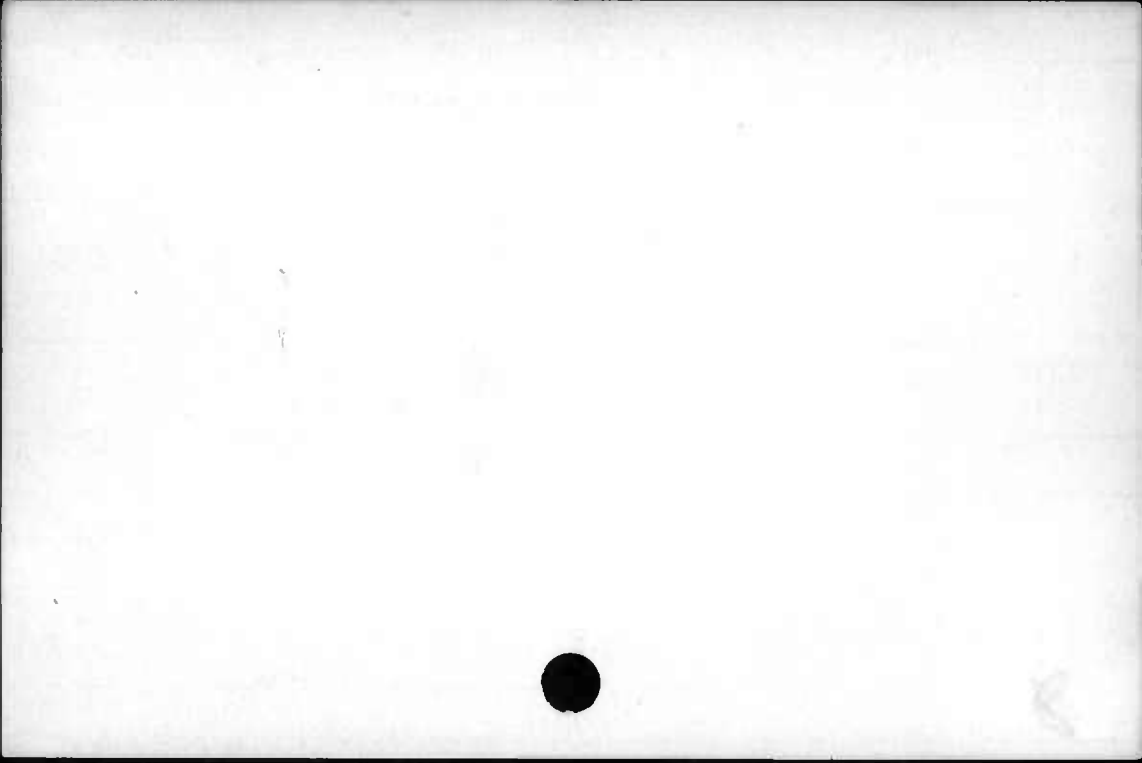
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Lynch</i>		Town <i>Lonaconing</i>		County <i>Allegheny</i>		MARYLAND					
Died at <i>Lonaconing</i>		Month <i>Oct</i>		Day <i>10</i>		Years <i>84</i>		Months <i>8</i>		Days <i>3</i>	
Date of death <i>1906</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Prince Edward Island</i>					
Occupation <i>Miner</i>				Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband									
Father's Name <i>John Lynch</i>		Father's Birthplace <i>Ireland</i>									
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Ireland</i>									
Name of person giving information <i>Mrs. John Lynch</i>		How related to deceased <i>Wife</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Interstitial Nephritis</i>	How long	<i>Several years</i>
Immediate	<i>Uraemia</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Henry B. Hodgson</i>	
Yes		Address <i>Lonaconing, Md.</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

David F. MacIntosh

Town

County

MARYLAND

Died at

Cumberland

Allegheny

Date

of death 1906

Month

Oct

Day

3

Age

Years

30

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Cumberland

Occupation

Cooper

Where Residing if not
at place of death

Cumberland

Married, Single

Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

William H. H. H.

How related
to deceased

CAUSES OF DEATH

Primary

Paralysis

How long

2 yrs

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. F. T. T. T.

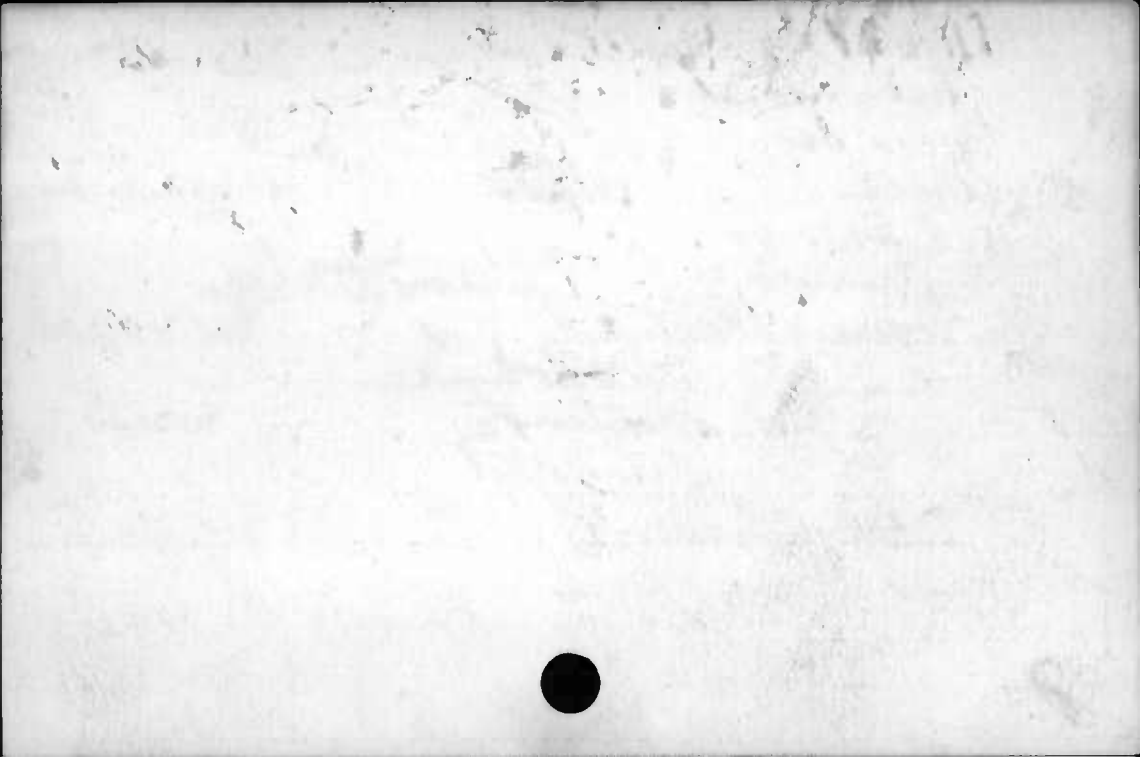
Address

Cumberland
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

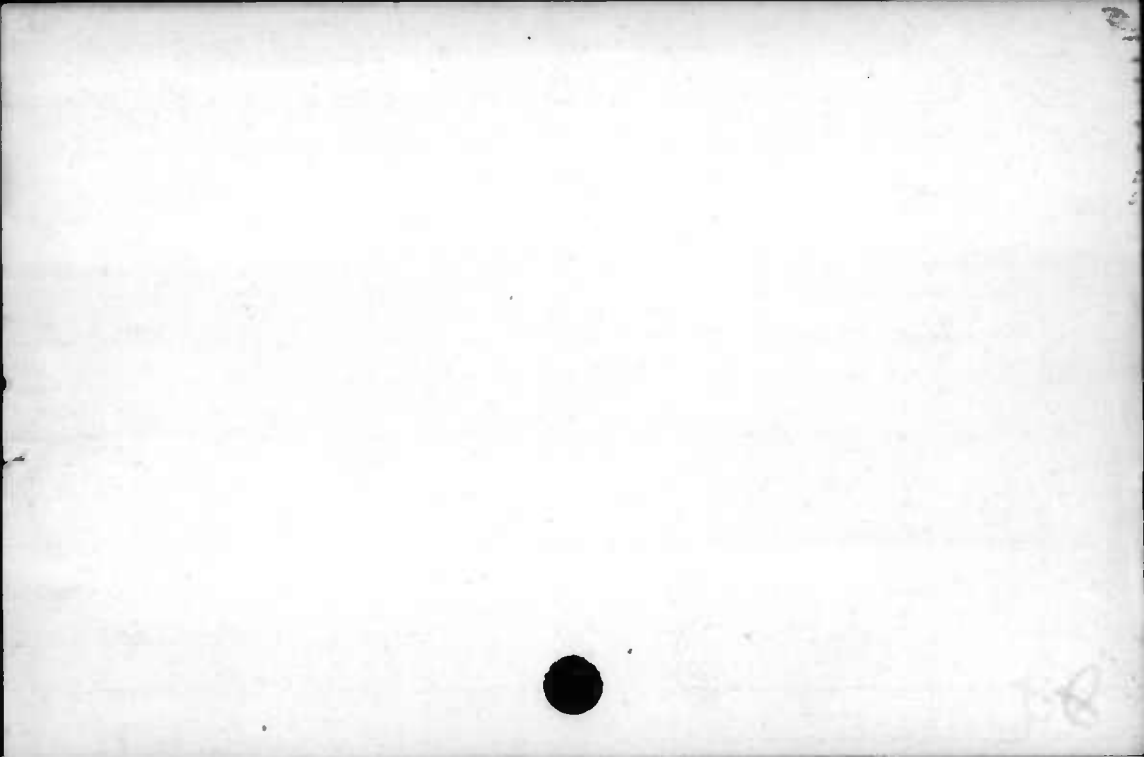
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>John Michael Martingale</i>		County <i>Allegheny</i>		MARYLAND	
Town <i>Mt. Savage</i>		State <i>West Virginia</i>			
Date of death	1906	Month	Dec.	Day	29
Age	65	Years	5	Months	
Sex	Male	Color or Race	White	Birthplace	<i>Mt. Savage, Md.</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Ellen Duly</i>		
Father's Name	<i>Francis Martingale</i>		Father's Birthplace	<i>Mt. Savage, Md.</i>	
Mother's Maiden Name	<i>Dorothy</i>		Mother's Birthplace		
Name of person giving information	<i>J. J. Martingale</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Wegner's Disease</i>	How long	<i>17 hrs</i>
Immediate	<i>Cordine Syncope</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Edmond Duvalleson</i>
		Address	<i>Mt. Savage, Md.</i>
Accident or Suicide?	<i>No</i>		



Name

Full

CERTIFICATE OF DEATH

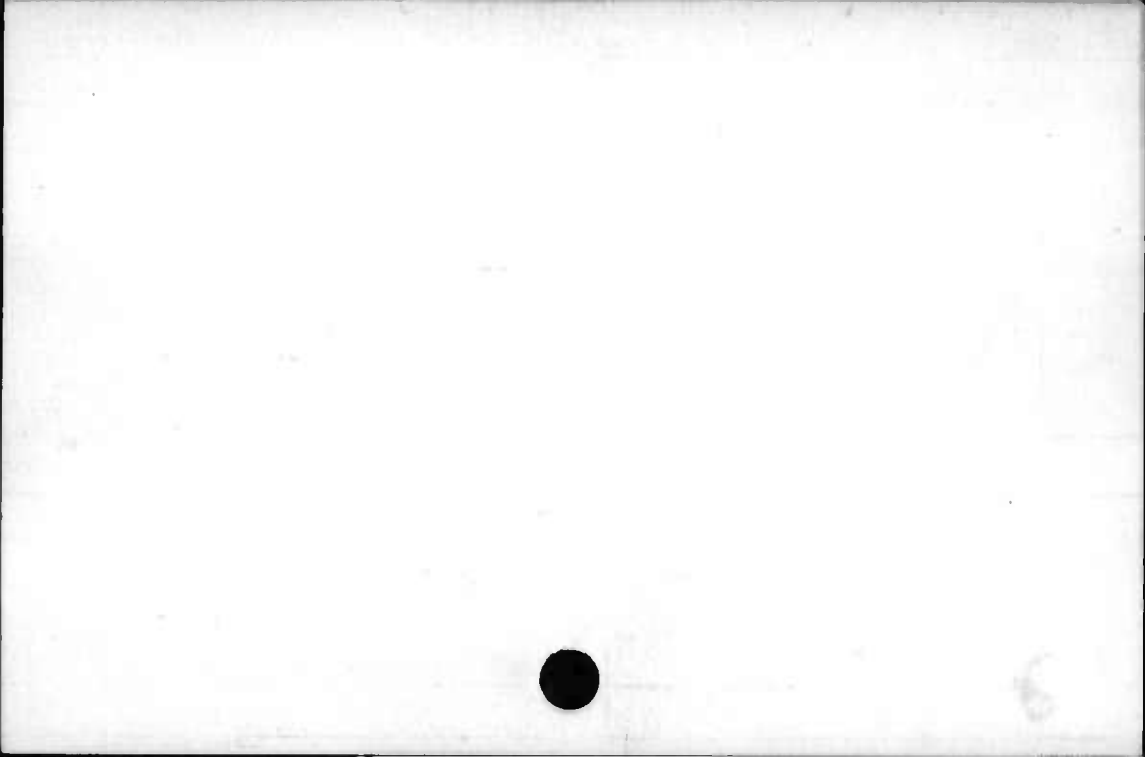
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumt</i>		Town <i>Cumt</i>		County <i>Arundel</i>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Oct.</i>	Day	<i>21</i>	Age	<i>1</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birthplace	<i>Cumt</i>
Occupation	<i>—</i>		Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>George Mehlerch</i>				Father's Birthplace	<i>Cumt</i>	
Mother's Maiden Name	<i>Mary J. Dahl</i>				Mother's Birthplace	<i>Cumt</i>	
Name of person giving information	<i>Geo Mehlerch</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Delivery</i>	How long	<i>15/1</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Dr E. B Claybrooke</i>	
LOUIS STEIN.		Address	
<i>8</i>		<i>Cumtland</i>	
Accident or Suicide?		<i>Md.</i>	



Name
in
Full

Elizabeth Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Carroll Junction		County Allegheny		MARYLAND	
Date of death	1906	Month 10	Day 26	Age	Years —	Months 1—	Days 2
Sex	female		Color or Race	white		Birth- place	Ind.
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	single		Name of Wife or Husband —				
Father's Name	A. L. Morgan					Father's Birthplace	Ind.
Mother's Maiden Name	Lizzie Morgan					Mother's Birthplace	Ind.
Name of person giving information	Morgan					How related to deceased	father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Unmigrates	How long	1 wk
Immediate	4	How long	1 wk
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. R. White		
Accident or Suicide?	Address National Ind.		

G. J. M.

Name in Full		CERTIFICATE OF DEATH			
Daniel Morrissey		Town Cumberland		County Allegany	
Died at		MARYLAND			
Date of death		1906	Month Oct.	Day 3	Age 25
Sex Male		Color or Race White		Birthplace Cumberland	
Occupation Painter		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Lillia Wilkerson			
Father's Name		Father's Birthplace			
Mother's Maiden Name Margaret James		Mother's Birthplace Ireland			
Name of person giving information Margaret Morrissey		How related to deceased Sister			
CAUSES OF DEATH					
Primary Typhoid Fever		How long 27 days			
Immediate Meningitis		How long 8 "			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Dr. J. J. Wilson			
Address		Cumberland Md.			
Accident or Suicide?		LOUIS STEIN.			

Maria

mother - wife 1 child

2 03 son Michael J

1 son John W.

Mary Wagner

Name
in
Full

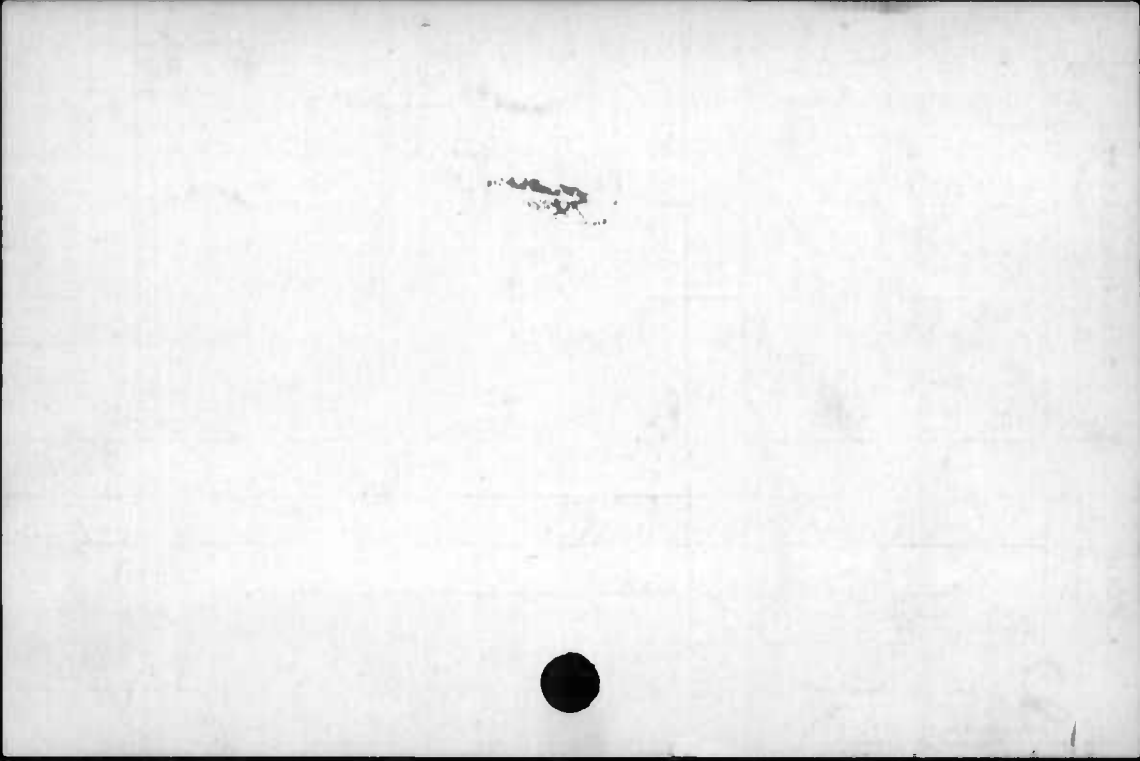
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Peking</u> Town		<u>Alligumy</u> County		MARYLAND	
Date of death <u>1906</u> Month <u>Oct</u>		Day <u>7</u>	Age <u>66</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>White</u>	Birth place <u>Ireland</u>			
Occupation <u>miner</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>married</u>	Name of Wife <u>Catherine Horne</u>				
Father's Name <u>John Mullin</u>	Father's Birthplace <u>Ireland</u>				
Mother's Maiden Name <u>Ann Dock</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>John C. Martin</u>	How related to deceased <u>Son-in-law</u>				

CAUSES OF DEATH

Primary <u>Chronic Nephritis</u>	How long <u>20</u>	How long <u>One year</u>
Immediate <u>Wound</u>	How long <u>Sudden</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. A. Skilling M.D.</u>	Address <u>Conowingo</u>
Accident or Suicide? <u>no</u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Richard Myers		Town Cumberland		County Allegany		MARYLAND	
Died at		Month Oct		Day 11		Years 29	
Date of death 1904		Months		Days			
Sex Male		Color or Race Black		Birth-place Cumberland			
Occupation Labor		Where Residing if not at place of death 8 Fruit St					
Married, Single or Widowed Married		Name of Wife or Husband Rosa Myers					
Father's Name Charley Myers		Father's Birthplace Cumberland					
Mother's Maiden Name Rosie Wilson		Mother's Birthplace " "					
Name of person giving information Rosa Myers		How related to deceased Wife					

CAUSES OF DEATH

Primary	Carbolic acid poisoning	How long	immediate
Immediate	Shock	How long	"

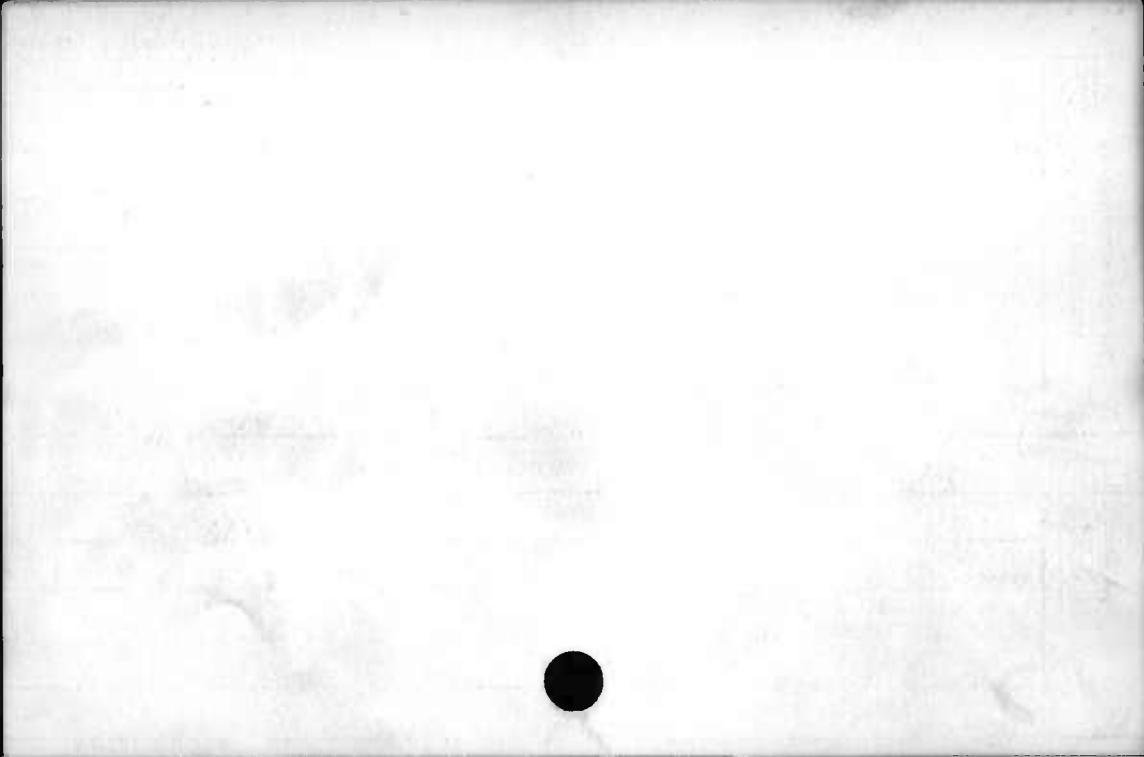
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Carlisle Nelson Frederick Allegany MARYLAND
 Date of death 1906 Oct. 26 Age 7 2 14
 Sex M. Color or Race Col. Birth-place —
 Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace Frederick

Name of person giving information

How related to deceased —

CAUSES OF DEATH

Primary

Pneumonia 93

How long

1 week

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes
No

Signature of Physician

Address

J. A. Colby
Frederick

Accident or Suicide?

Edw

Wm. H. C. C.

Name
in
Full

CERTIFICATE OF DEATH

Mary Nesbitt

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodlawn</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>Oct</i>	Day <i>23</i>	Age <i>60</i>	Years <i>7</i> Months <i>15</i> Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birthplace <i>Scottsburg</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Nesbitt</i>				
Father's Name <i>William Moffat</i>	Father's Birthplace <i>Scottsburg</i>				
Mother's Maiden Name <i>Elizabeth Taylor</i>	Mother's Birthplace <i>Scottsburg</i>				
Name of person giving information <i>John Nesbitt</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma Uteri</i>	How long <i>42</i> months
Immediate <i>Exhaustion</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James Q. Bullard MD</i>
	Address <i>Longsight N.Y.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Ocean* TownCounty *Allegany*Date of death *1906 Oct*Day *11*

Age

Years *8*Months *8*Days *15*Sex *Female*Color or
Race*White*Birth-
place*Smoking*

Occupation

*School*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*James F. Nolan*Father's
Birthplace*Allegany Co*Mother's
Maiden Name*Rose Collins*Mother's
Birthplace*Allegany Co*Name of person giving
Information*James F. Nolan*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Brighten

How long

6 days

Immediate

Sudden - Heart failure

How long

*Two minutes*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*James O. Ruellet*

Address

Smoking Md.

Accident or Suicide?

no.



Name
in
Full

Marion Reynolds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

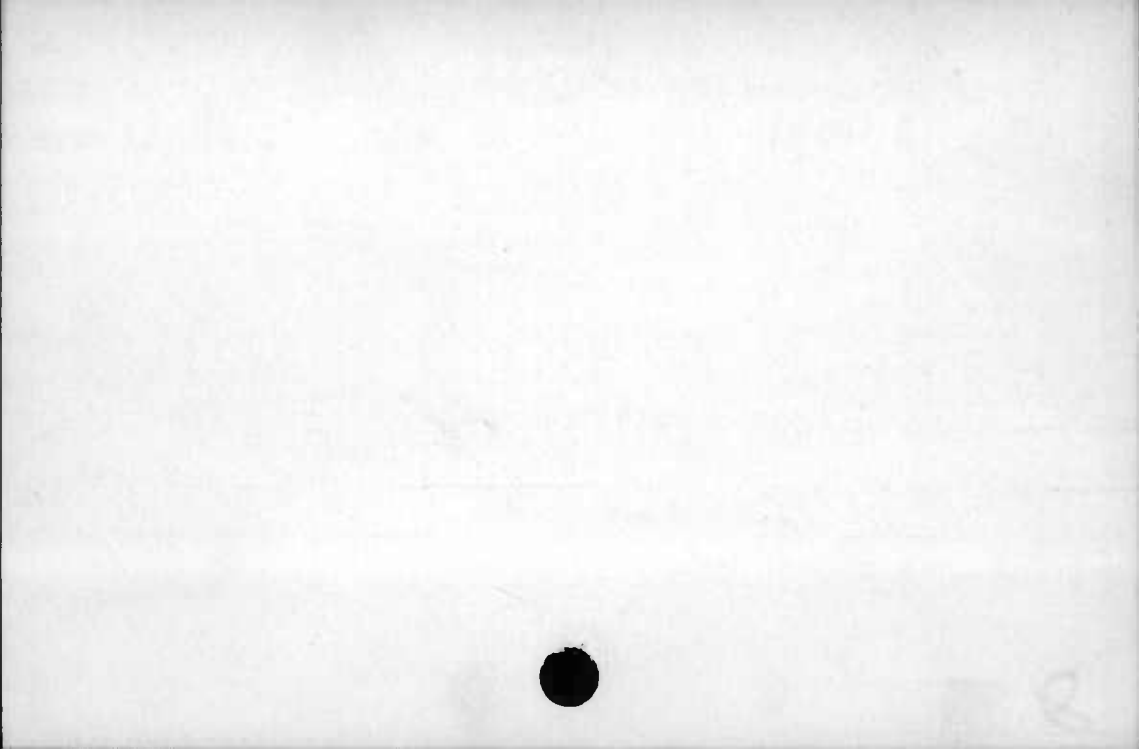
MARYLAND

Died at		Town		County			
Date of death		Month	Day	Age	Years	Months	Days
1906		Oct	19	12			
Sex	Female		Color or Race	White		Birth-place	Cumt Md
Occupation	School girl			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Capt Reynolds				Father's Birthplace	Iowa	
Mother's Maiden Name	Sarah Ruby				Mother's Birthplace		
Name of person giving information	Capt Reynolds				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria (3 weeks since)		How long	
Immediate	Endocarditis & Exhaustion		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	St. J. Duggan	
Yes		Address	Cumt Md, Md	
Accident or Suicide?		No		



Name
in
Full

Lario, Roccisano

CERTIFICATE OF DEATH

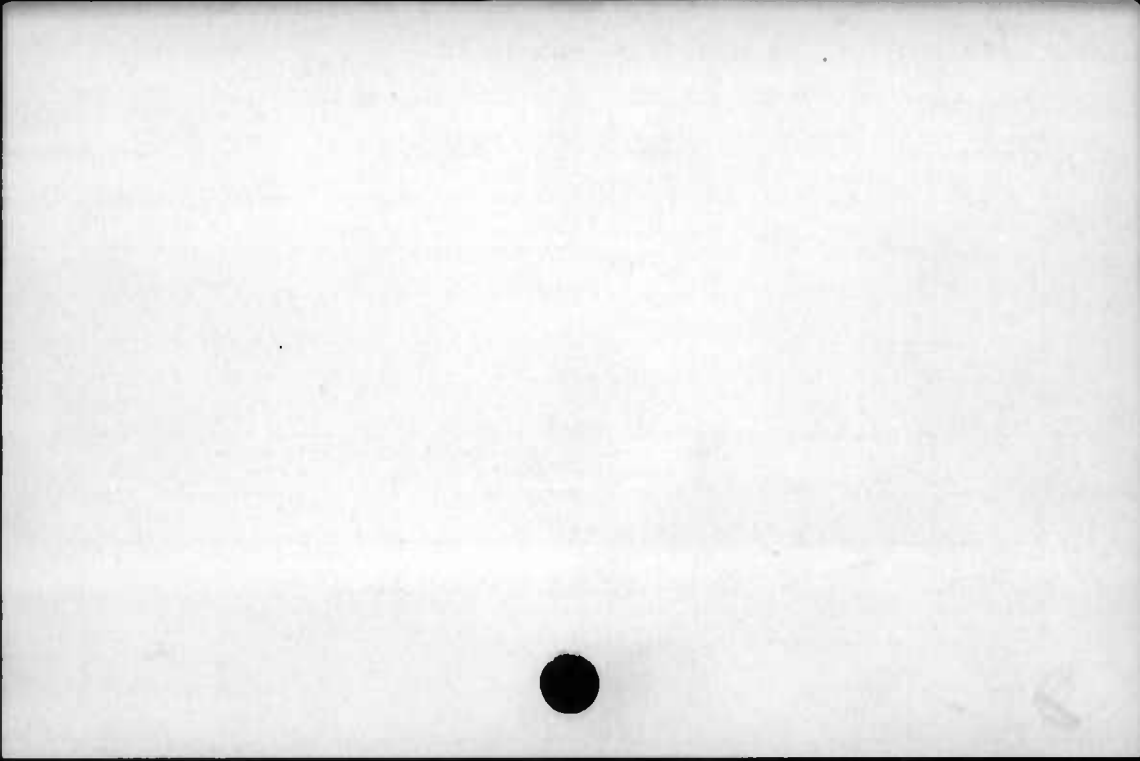
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>W. M. Hospital Cumberland allgany</i>		County <i>allgany</i>		State <i>MARYLAND</i>	
Date of death	<i>1906</i>	Month <i>oct</i>	Day <i>10</i>	Years <i>18</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Italy</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Thomas W. Va</i>				
Married , Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Italy</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Italy</i>				
Name of person giving information <i>Roccisano</i>	How related to deceased <i>Cousin</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Strangulated Hernia</i>	How long <i>6 days</i>
Immediate <i>Peritonitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. R. Hodges M.D.</i>
	Address <i>Cumberland, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

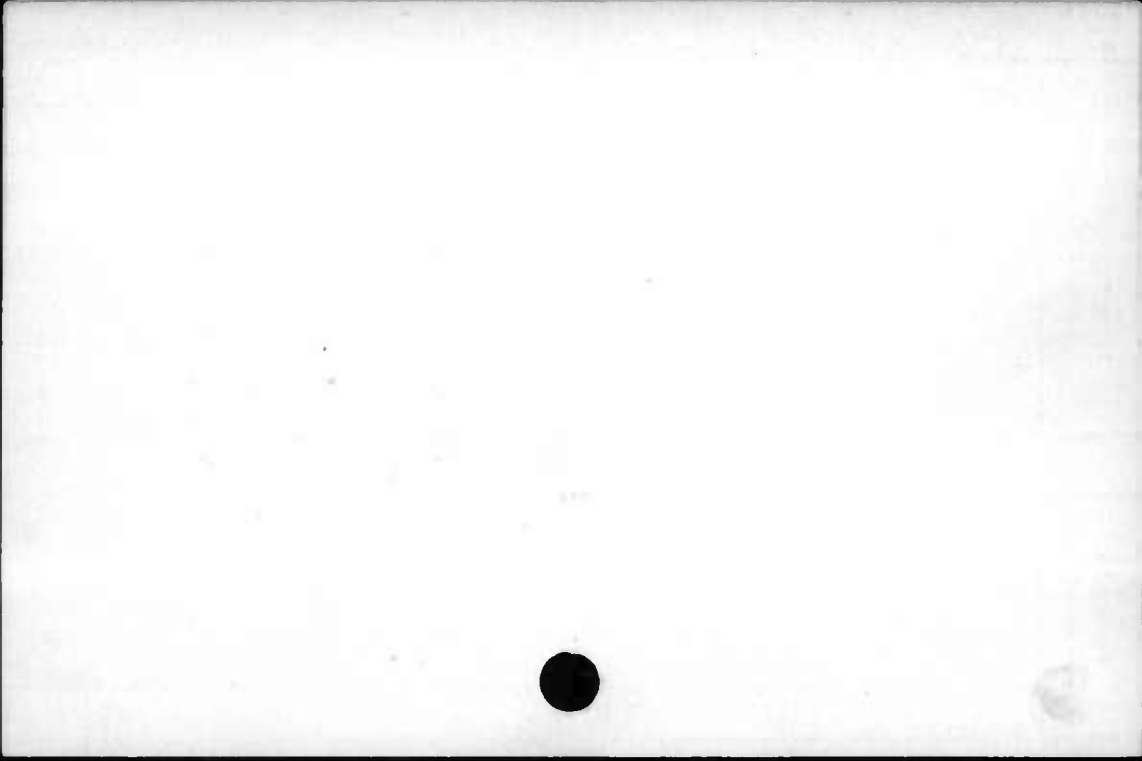
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Rodenhauer		Town Cumberland		County Allegany		State MARYLAND	
Died at Cumberland		Month Oct		Day 20		Years 79	
Date of death 1906		Month Oct		Day 20		Years 79	
Sex Male		Color or Race White		Birthplace Germany		Months 41	
Occupation Baker		Where Residing if not at place of death -		Days 20			
Married, Single or Widowed Widower		Name of Wife or Husband Joan					
Father's Name David		Father's Birthplace Sweden					
Mother's Maiden Name Beck		Mother's Birthplace Sweden					
Name of person giving information Amelia Rodenhauer		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Old Age & Heart failure	How long 154
Immediate Exhaustion	How long 154
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician Dr. Geo. L. Carder
LOUIS STEEL	Address Cumberland Md.
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Cumtland</i>		County <i>anngary</i>			
		MAYLAND					
		Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>27</i>	Age <i>27</i>	Years <i>5</i>	Months <i>21</i>
		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cumtld</i>			
		Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
		Married, Single or Widowed <i>Widow</i>	Name of Widow Husband <i>Ben</i>				
		Father's Name <i>Sege Wagoner</i>	Father's Birthplace <i>Cumtld</i>				
		Mother's Maiden Name <i>Sophia Danner</i>	Mother's Birthplace <i>Cumtld</i>				
Name of person giving information <i>Sophia Wagoner</i>		How related to deceased <i>Mother</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Consumption</i>			How long	<i>1 yr.</i>	
	Immediate	<i>Exhaustion</i>			How long		
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>Dr. Thos. Koon</i>		
			Address <i>Dr. Cumtland</i>				
	Accident or Suicide?		<div>LOUIS STEIN</div> <div></div> <div><i>Ma</i></div>				

8 Hens -

85
10
12
24

31
1

78

156
60

216

Name
in
Full

Barbara. Schadt

CERTIFICATE OF DEATH

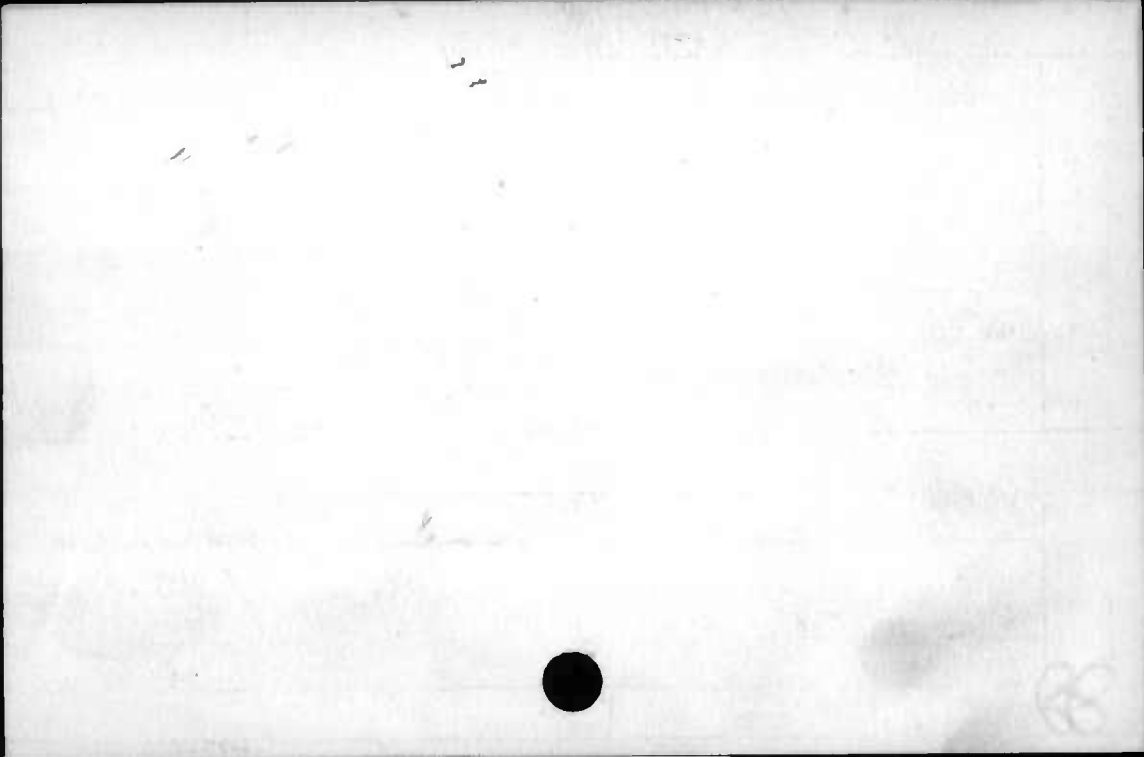
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumt. d.</i>		County <i>arugay</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct.</i>	Day <i>24</i>	Age <i>39</i>	Months <i>9</i>	Days <i>23</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Occupation <i>Home Wife</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife Husband <i>Henry.</i>				
Father's Name <i>Dead</i>	Father's Birthplace				
Mother's Maiden Name <i>Anna. B. Hahne.</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Henry Schadt</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>1 1/2 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>1 1/2 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Thos. Koon</i>
	Address <i>Dr. K. Cumberland Md.</i>
Accident or Suicide? LOUIS STEIN.	



Name
in
Full

Rosa Segalia

CERTIFICATE OF DEATH

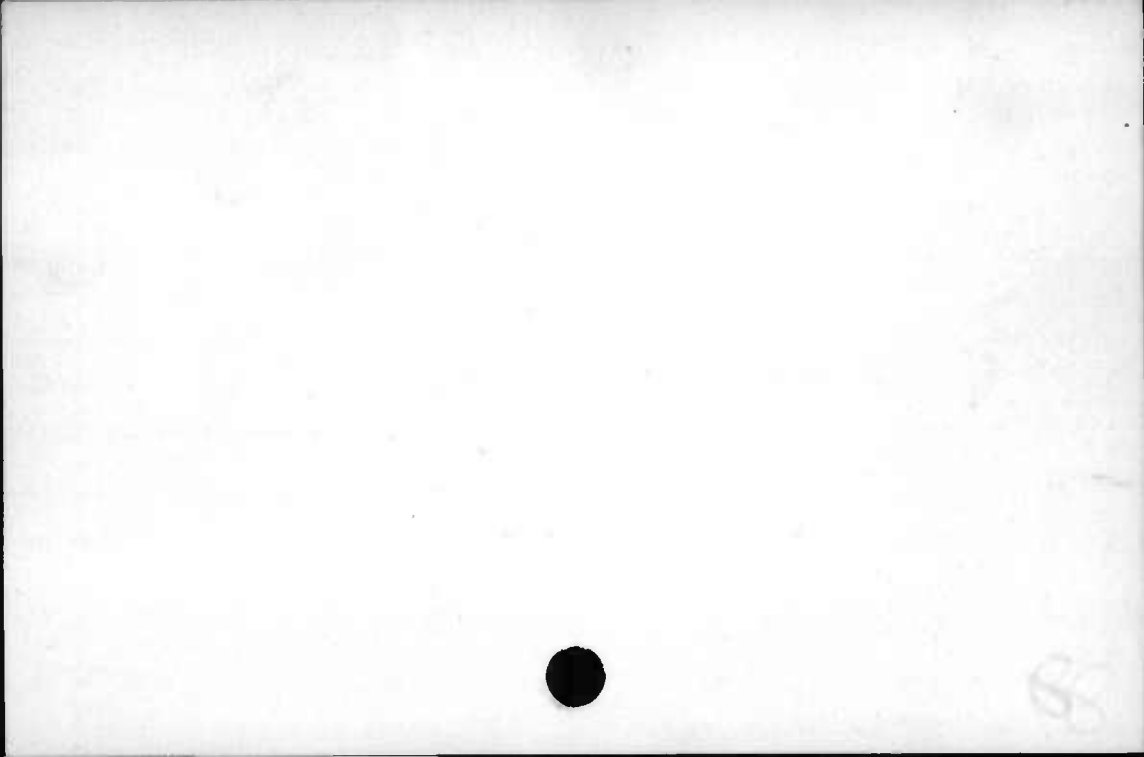
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Allegheny		County Allegheny		MARYLAND		
Date of death	1906	Month 10	Day 23	Age 4	Years 8	Months 5	Days 5	
Sex	F		Color or Race	W.		Birth- place	Md	
Occupation				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband				
Father's Name				Sam'l Segalia		Father's Birthplace		Italy
Mother's Maiden Name				Lizzie Porter		Mother's Birthplace		Md
Name of person giving information				How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	4 wks
Immediate	Pneumonia	How long	7 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
8	Dr. W. M. Lane		
	Address Frostburg Md		
Accident or Suicide?			



Name
in
Full

Chas H. Simpson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

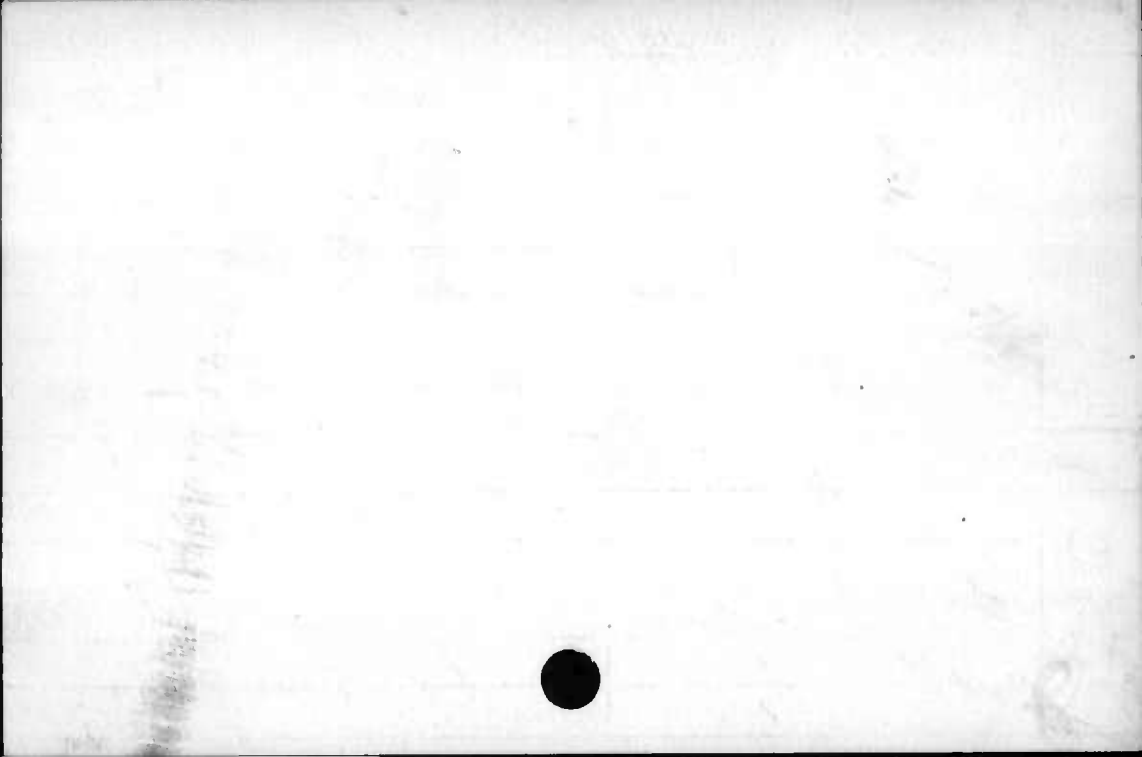
Died at		Town <i>Westernport</i>		County <i>Allegheny</i>		MARYLAND	
Date of death		190	Month	Day	Age	Years	Months
190		6	10	18	—	—	10
Sex		Male		Color or Race		White	
Occupation		Infant		Birth-place		Westernport	
Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				C. J. Simpson			
Mother's Maiden Name				Mollie L. Welleson			
Name of person giving information				B. J. Simpson			
How related to deceased				father			

abbott

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth</i>	How long	—
Immediate	<i>Intoxication of muscles of throat and unable to take nourishment</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. G. Abbott	
Address		Piedmont W. Va.	
Accident or Suicide?		—	



Name
In
Full

Hillary Madell Simpson
 Town *Westport* County *Allegheny*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westport</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>10</i>	Day <i>25</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i> Days <i>17</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Westport</i>	
Occupation <i>Infant</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>C. J. Simpson</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Mollie L. Allison</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>C. J. Simpson</i>			How related to deceased <i>father</i>		

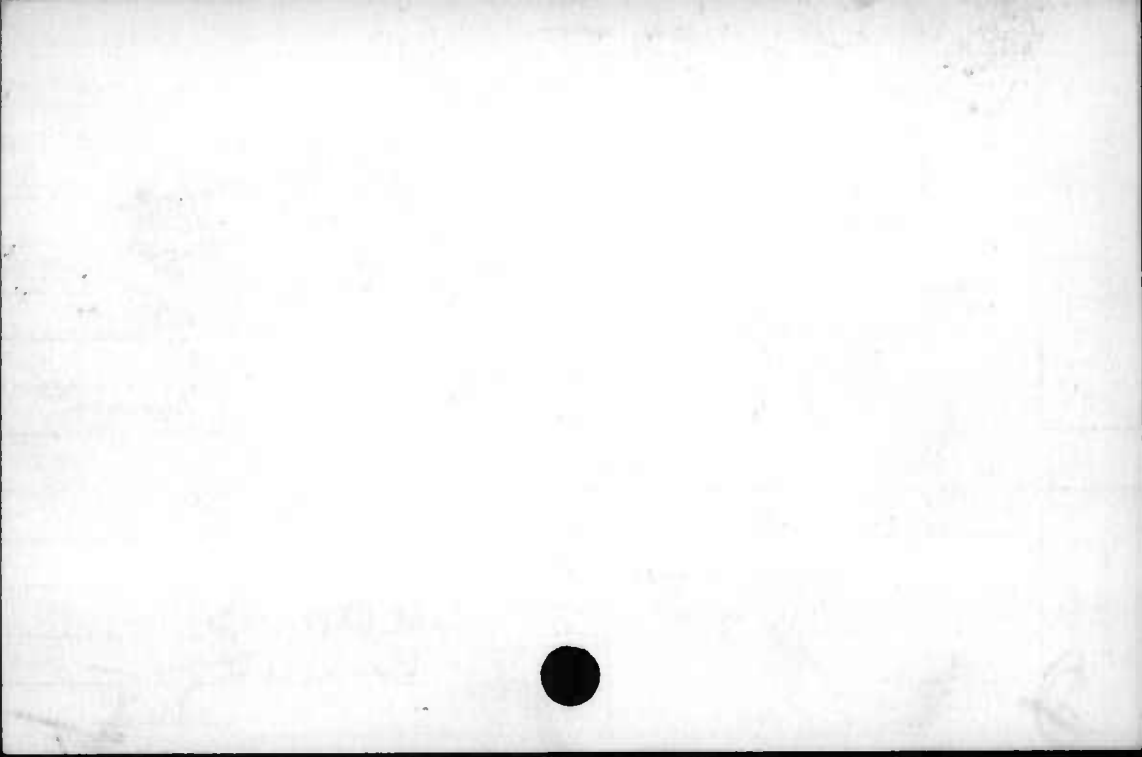
Abball

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long
Immediate <i>Intoxication of mother</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>V. E. Abball</i>
	Address <i>Piedmont W. Va.</i>
Accident or Suicide?	



Name
in
Full

Harry Sisk —

CERTIFICATE OF DEATH

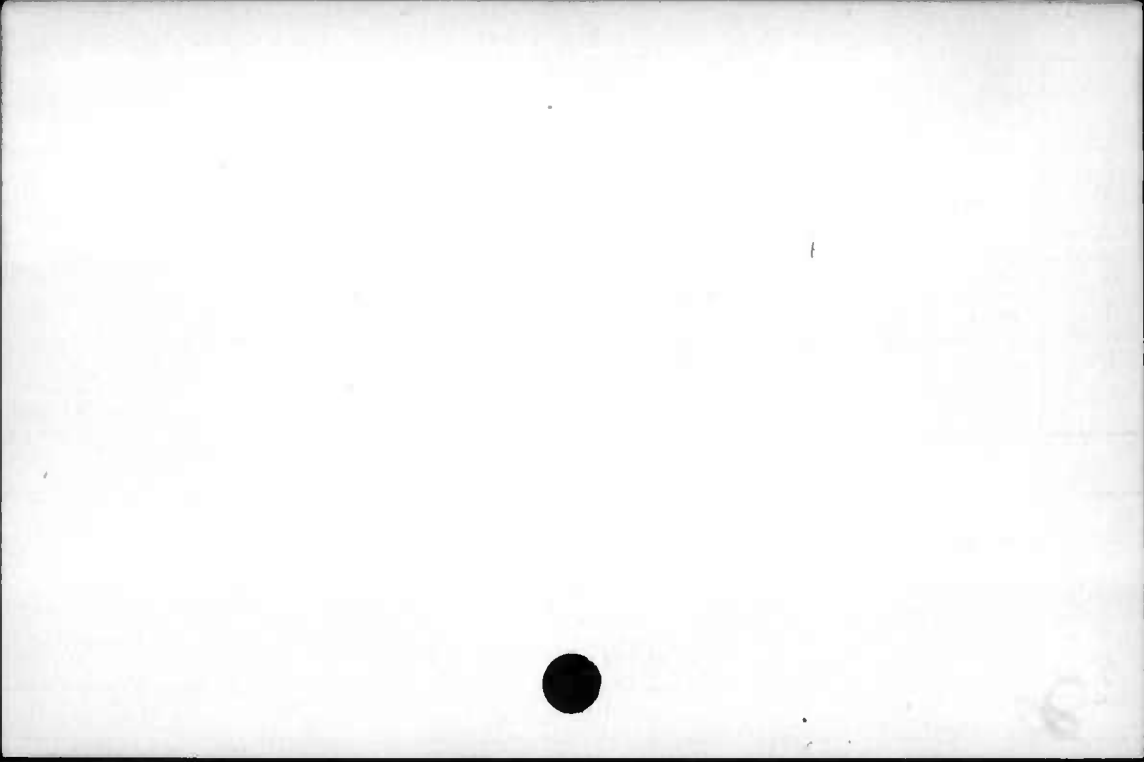
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Allegh</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>Jun</u>	Day <u>29</u>	Years <u>2</u>	Months <u>1</u>	Days <u>3</u>
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>md</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Jas. H. Sisk</u>		Father's Birthplace <u>W Va</u>			
Mother's Maiden Name <u>Carrie B. Tucker</u>		Mother's Birthplace <u>W Va</u>			
Name of person giving information <u>Josias Sisk</u>		How related to deceased <u>father</u>		<u>106</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Gastro-intestinal indigestion</u>	How long <u>3 mos</u>
Immediate <u>Exhaustion</u>	How long <u>10 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>P. G. Owens</u>
	Address <u>Cumt</u>
Accident or Suicide? <u>no</u>	<u>md</u>



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Frostburg

County

Allegany

MARYLAND

Date

of death 1906

Month

10

Day

23

Age

Years

1

Months

6

Days

23

Sex

M

Color or
Race

W.

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Howard M. Skidmore

Father's
Birthplace

Md

Mother's
Maiden Name

Elzie T. Wade

Mother's
Birthplace

Md.

Name of person giving
in formation

Cora Whittier

How related
to deceased

Aunt

CAUSES OF DEATH

Primary

Bronchitis

How long

10 Days

Immediate

Acute Meningitis

How long

48 hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Dr. W. M. Lane

Address

Frostburg

PHYSICIAN
OR CORONER

Accident or Suicide?

Isom

Allykany Council

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Fannie Small		Town Cumberland		County Alle		State MARYLAND	
Died at Cumberland		Month Oct.		Day 25		Years 63	
Date of death 1906		Months		Days			
Sex Female		Color or Race White		Birthplace Fredrick Md			
Occupation Retired		Where Reading if not at place of death -					
Married, Single or Widowed Single		Name of Wife or Husband -					
Father's Name Eli Small - Dead		Father's Birthplace Md					
Mother's Maiden Name May a Holmes Dead		Mother's Birthplace Fredrick Md.					
Name of person giving information Charley Small		How related to deceased Brother.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer The Face.	How long	10 years.
Immediate	Exhaustion; Sepsis.	How long	Three wks.
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician E. L. Jones M.D.	
		Address Cumberland Md	
Accident or Suicide? LOUIS STEIN			

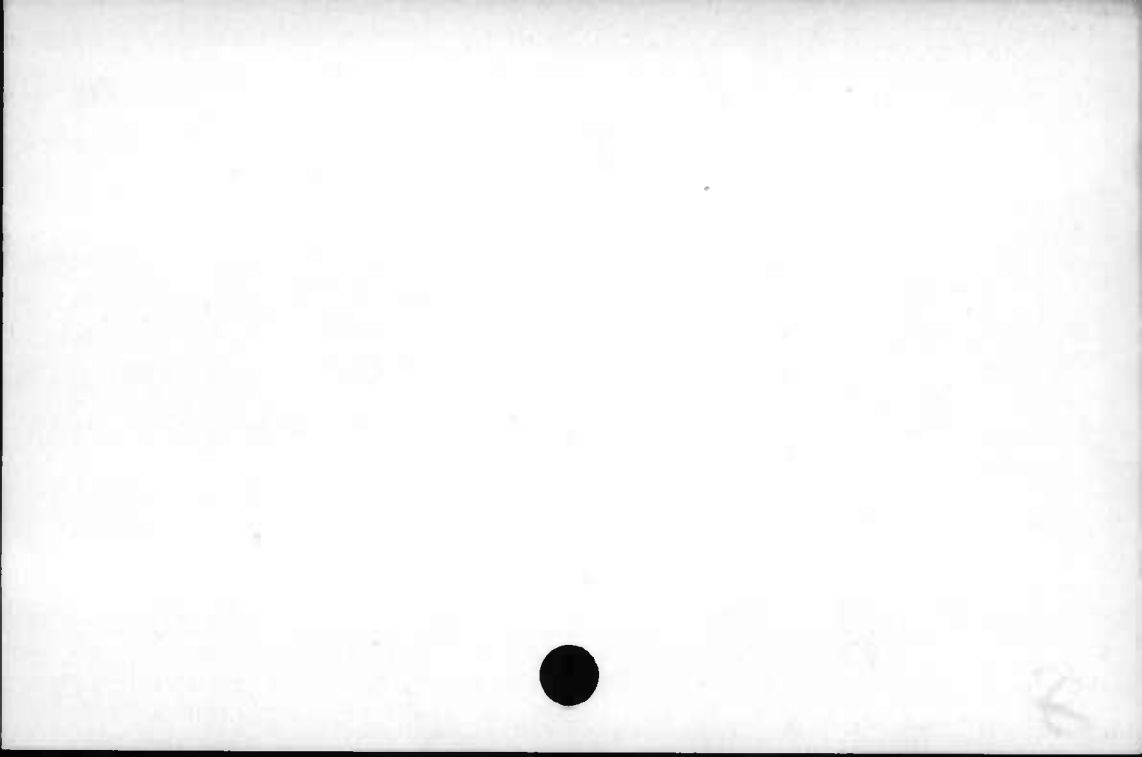
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Cons

1 yr.

Ei

Name in Full		Ann E. Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mt Savage		County Allegany		MARYLAND
	Date of death 190	6	Month Oct	Day 29	Age 22	Years 2	Months Days
	Sex	Female		Color or Race	White		Birth- place Mt Savage Md
	Married, Single or Widowed	Single		Occupation Nurse			
	Name of Wife or Husband						
	Father's Name	Jos E. Smith				Father's Birthplace	Pa
TO BE ANSWERED BY PHYSICIAN OR CORONER	Mother's Maiden Name	Rosalia B Sheridan				Mother's Birthplace	Mt Savage Md
	Name of person giving In formation	Rev J. A. Smith				How related to deceased	Brother
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	1 year
	Immediate	Exhaustion				How long	2 weeks
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician F. Alan E. Mumford M.D.		
					Address Mt Savage Md		
Accident or Suicide?							



Pearl Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Miller Mines</i> <small>Town</small>			<i>Allegheny</i> <small>County</small>			MARYLAND	
Date of death 190 <i>6</i>	Month <i>October</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Miller Mines</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>John Smith</i>				Father's Birthplace <i>Elk Garden</i>			
Mother's Maiden Name <i>Cora Wagers</i>				Mother's Birthplace <i>Vale Summit</i>			
Name of person giving information <i>Mrs John Wagers</i>				How related to deceased <i>aunt</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Congenital Malformation of the Heart</i>	How long	<i>4 days</i>
Immediate	<i>Congenital Malformation of the Heart</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. P. O'Neil</i>	
		Address <i>Midland, Md.</i>	
Accident or Suicide? <i>No</i>			

Boni

Midland

Name
in
Full

Hazel Sweden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i> ^{Town}		<i>Alleg</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	<i>Oct</i> ^{Month}	<i>18</i> ^{Day}	Age <i>7</i> ^{Years}	<i>7</i> ^{Months}	<i>28</i> ^{Days}
Sex <i>F</i>	Color or Race <i>W</i>		Birth-place <i>Frostburg</i>		
Married, Single or Widowed <i>X</i>			Occupation <i>/</i>		
Name of Wife or Husband <i>X</i>					
Father's Name <i>Frank Sweden</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Lillie Willison</i>			Mother's Birthplace <i>Ma</i>		
Name of person giving information <i>Frank Sweden</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria / Pericarditis</i>	How long <i>9 days</i>
Immediate <i>Nephritis & Chronic Renal</i>	How long <i>6 days.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Griffith</i>
	Address <i>Frostburg</i>
Accident or Suicide?	

66 Me

German Fort Worth

Connelly

Name
in
Full

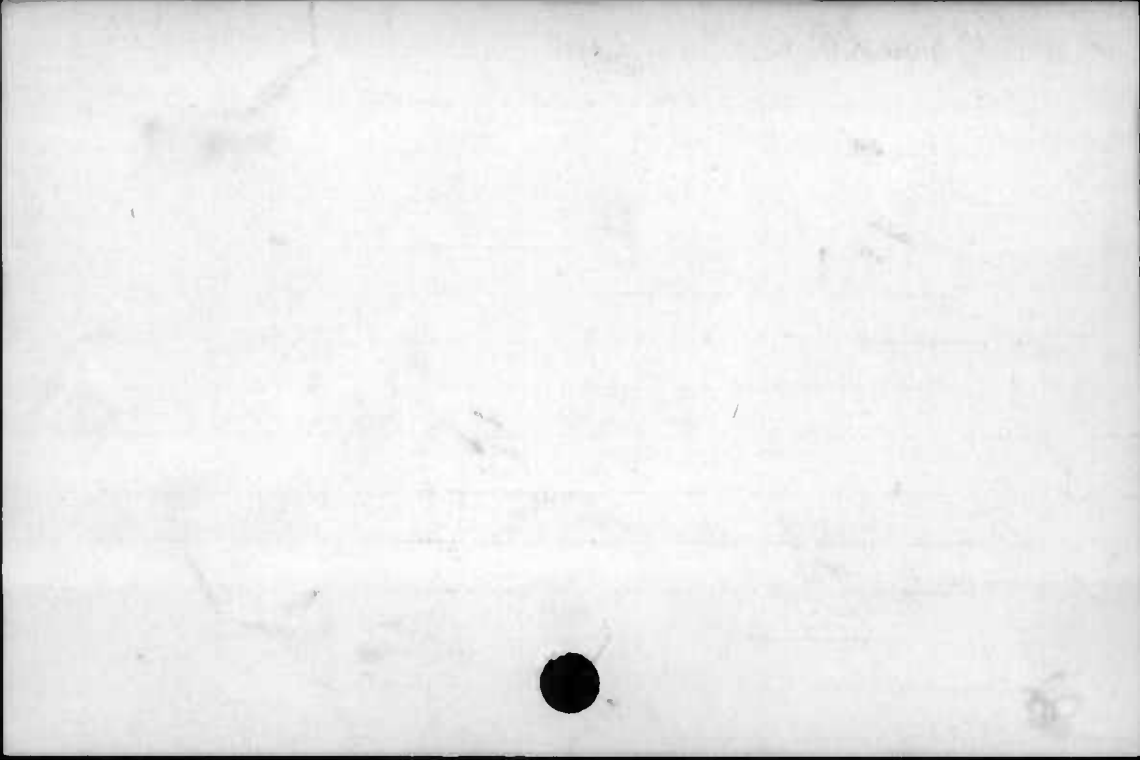
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> Town <i>Allegany</i> County		MAYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>14</i>	Age <i>44</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cumt'd</i>	
Occupation <i>Laborer</i>	Where Residing If not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information <i>Daniel F Trosee</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

Primary <i>Heart failure</i>	How long <i>2 yrs</i>
Immediate <i>Syncope</i>	How long <i>15 min.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr A Leo Franklyn</i>
<i>LOUIS STEIN.</i>	Address <i>Cumberland Md.</i>
Accident or Suicide?	



Name
in
Full

Frederick Udy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>Oct</u> ^{Month}	<u>6</u> ^{Day}	Age <u>73</u> ^{Years}	<u>11</u> ^{Months}	<u>3</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Cornwall England</u>			
Occupation <u>Retired</u>	Where Residing if not at place of death <u>Cumberland Md</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Wife dead</u>				
Father's Name <u>John Udy</u>	Father's Birthplace <u>England</u>				
Mother's Maiden Name <u>don't know</u>	Mother's Birthplace <u>England</u>				
Name of person giving information <u>John A Udy</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Uræmia</u>	How long <u>3 wks</u>
Immediate <u>Exhaustion</u>	How long <u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. G. L. Bunn</u>
	Address <u>Cumberland Md.</u>
Accident or Suicide? <u>no</u>	

Mr E H Brace

51 Bedford St

Opp City hall

Name
in
Full

CERTIFICATE OF DEATH

Oscar L. Valentine

Town

County

MARYLAND

Died at Cash Valley

allergany

Date

Month

Day

Years

Months

Days

of death 1906

oct

12

Age

2

6

Sex

Male

Color or
Race

white

Birth-
place

Willan st Pa

Occupation

Where Residing If not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Willan H. Valentine

Father's
Birthplace

Mother's
Maiden Name

Barbra, R. Feltus

Mother's
Birthplace

Name of person giving
In formation

How related
to deceased

CAUSES OF DEATH

Primary

Laryngeal Croup.

(9)

How long

About 7 days

Immediate

Zotemia

How long

About 12 hrs.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Edward Harris

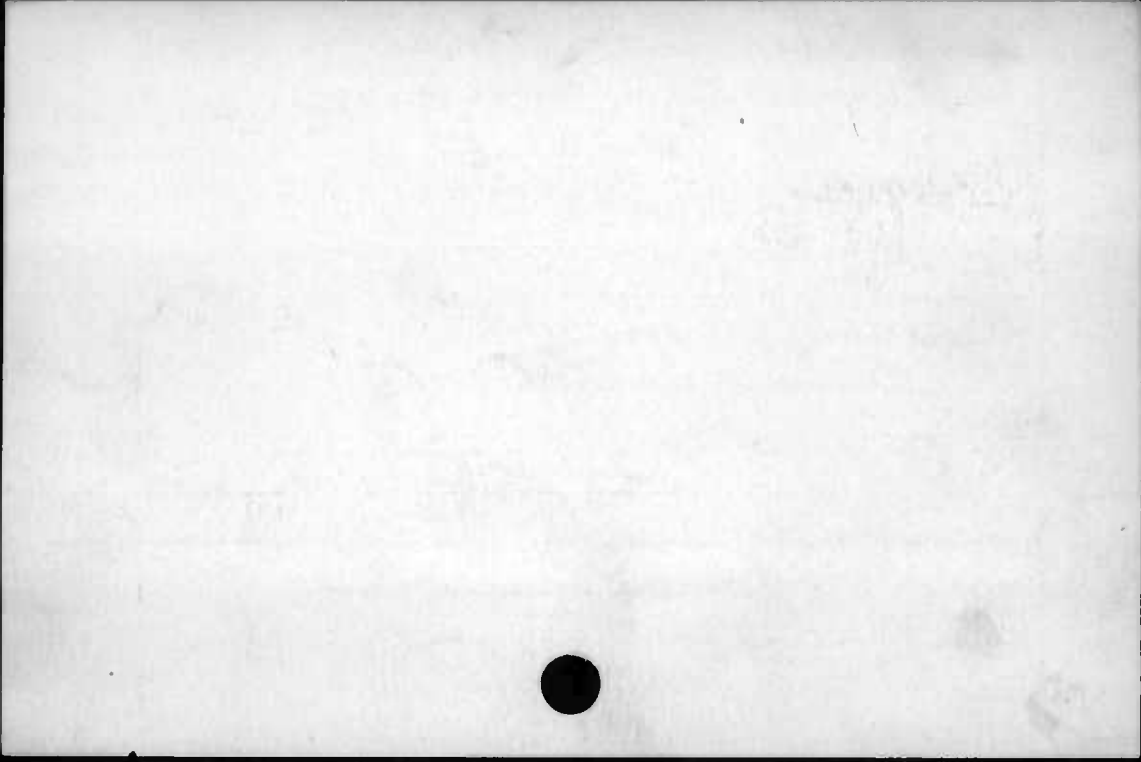
Address

Cumberland
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Effel Regina Vanmeter</i>		Town <i>Breasofer</i>		County <i>Way</i>		MARYLAND	
Died at <i>Breasofer</i>		Date of death 1906		Month <i>Oct.</i>		Day <i>27</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>1</i>		Months <i>7</i>	
Birth-place <i>Breasofer</i>		Days <i>7</i>		Where Residing if not at place of death —		Occupation —	
Married, Single or Widowed —		Name of Wife or Husband —		Father's Name <i>M. S. Vanmeter</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Clara, Bell. Brummarkle</i>		Name of person giving information —		Mother's Birthplace <i>Ind</i>		How related to deceased —	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Croup</i>	How long <i>9</i>
Immediate <i>Exhaustion</i>	How long <i>9</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Thos. Koon</i>
LOUIS STEIN.	Address <i>Cumberland Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND		
Date of death		190	Month	Day	Age	Years	Months	Days
Sex		Male		Color or Race		White		Birth-place
Occupation				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband				
Father's Name		James Walsh		Father's Birthplace		Allegany		Ind
Mother's Maiden Name		Anna Shoenert		Mother's Birthplace		Allegany		Ind
Name of person giving information		James Walsh		How related to deceased		Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inanition	How long	Since birth
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. C. Cohen	
Address		Hunting Creek	
Accident or Suicide?		No	

G On

Mr. S. S. S. S.

Mid

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Elizabeth Williams</i>		Town <i>Thrselling</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Thrselling</i>		Month <i>Oct</i>		Day <i>24</i>		Years <i>1906</i>	
Date of death <i>1906</i>		Age <i>50</i>		Months <i>6</i>		Days <i>25</i>	
Sex <i>F</i>		Color or Race <i>W</i>		Birth-place <i>Ind</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Daniel J. Williams</i>					
Father's Name <i>Wm. O. Evans</i>		Father's Birthplace <i>Wale</i>					
Mother's Maiden Name <i>Ann Johns</i>		Mother's Birthplace <i>Wale</i>					
Name of person giving information <i>Daniel J. Williams</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Uterus</i>	How long <i>7 or 8 months</i>
Immediate <i>1</i>	How long <i>4 or 5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. J. Williams</i>
	Address <i>Thrselling</i>
Accident or Suicide? <i>No</i>	

7 7 7
Ally